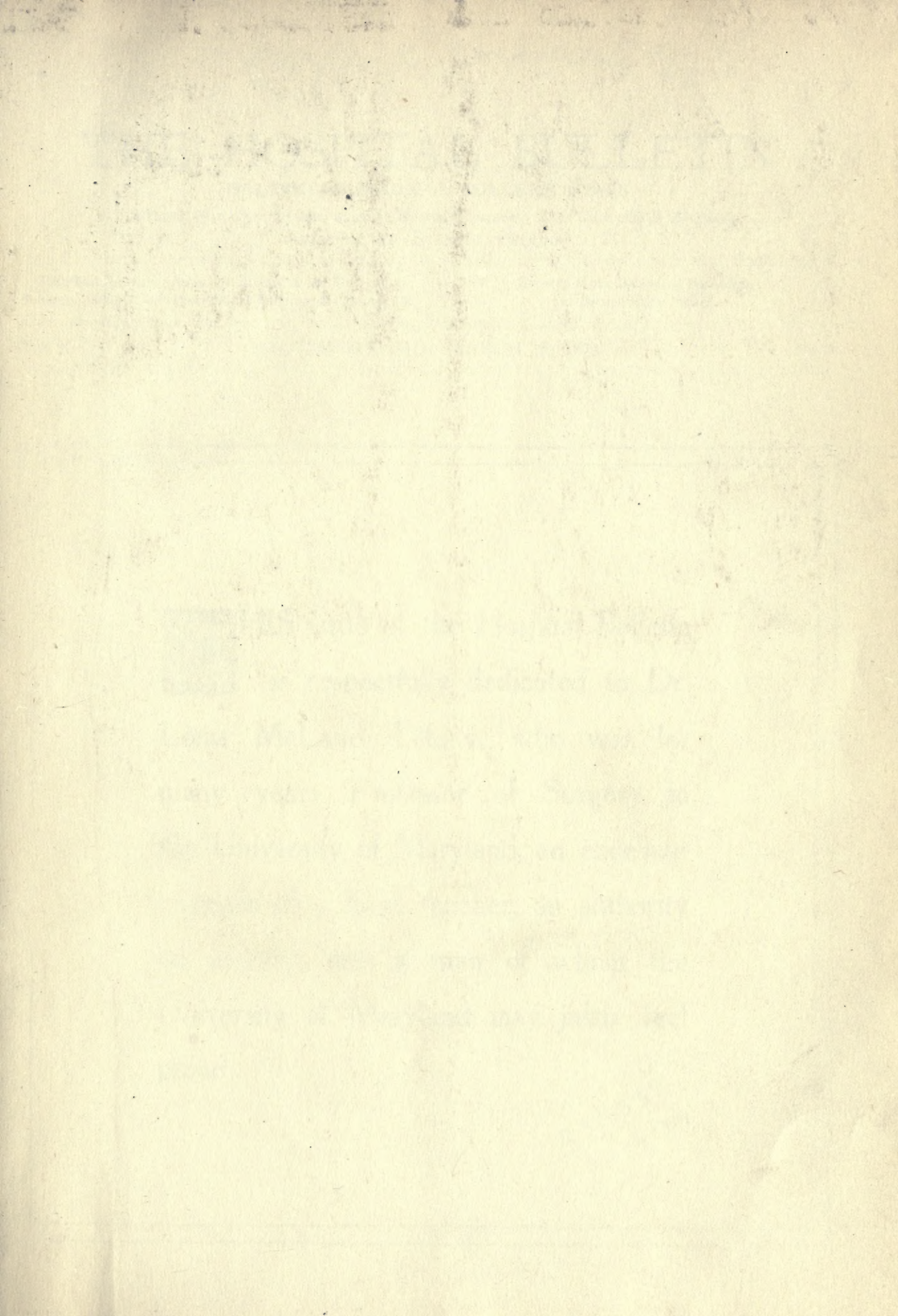


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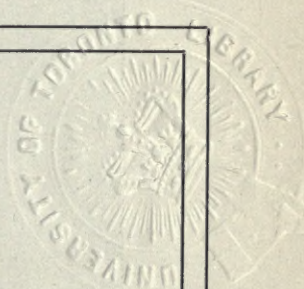
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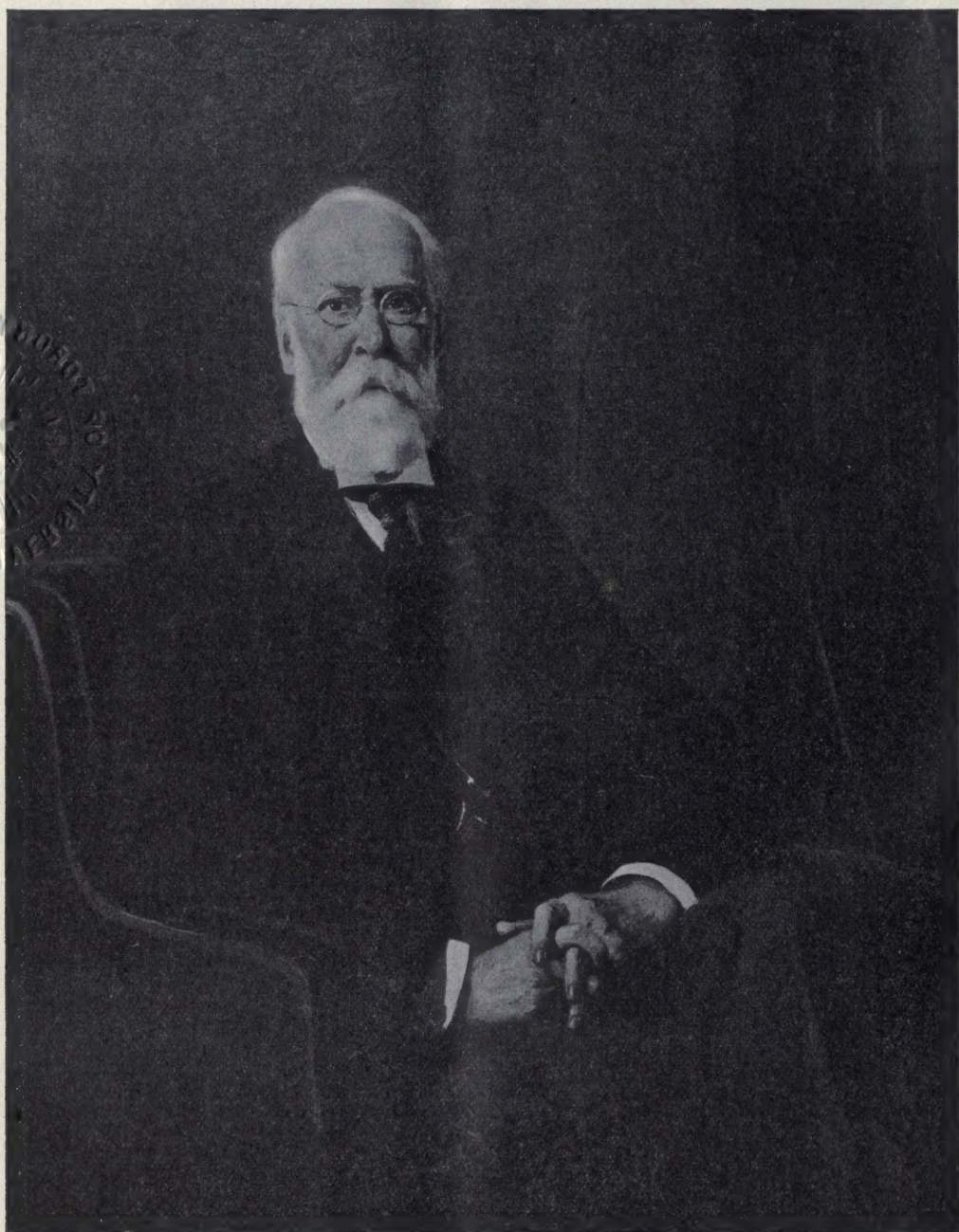
No. 1



THIS issue of the Hospital Bulletin is respectfully dedicated to Dr. Louis McLane Tiffany, who was for many years Professor of Surgery in the University of Maryland, an excellent example of a lucid teacher, an authority on surgery, and a man of whom the University of Maryland may justly feel proud.

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LOUIS McLANE TIFFANY.

DR. TIFFANY—COLLEAGUE AND FRIEND.

By SAMUEL C. CHEW, M.D., LL.D.

It has happened to me to be requested on two occasions in one year, the first in last January, the other now in December, as the year is drawing to its close, to act as one of the spokesmen of this Faculty in welcoming to our gallery the portraits of two most highly distinguished members of our profession and of this Faculty.

The first of these portraits to which I refer is that of Dr. John Buckler, who died nearly 48 years ago, having devoted his long life almost up to its very end to active professional work, and to constant professional study—work and study in that department of our calling which is termed and regarded as *medical* in the stricter sense. Dr. Buckler was especially a physician, a wise, learned and skillful one. His reputation as such has been handed down to two generations who have succeeded him; but I doubt whether there is a single member of our profession now living in this community who has had personal knowledge of Dr. Buckler or the advantage of learning from him in professional consultation except myself. For this reason, probably, I was asked to speak of Dr. Buckler on the occasion referred to, being, as it were, a connecting link between the profession of an elder day and that of the present time.

The other portrait which I have been requested to take part in bringing before you tonight—and I hold it a privilege to do so—is that of Prof. Louis McLane Tiffany, who is held in the highest honor by every member of our calling in this community and by many throughout the length and breadth of our country and beyond it.

As Dr. Buckler was known especially as a *physician*, so Dr. Tiffany has for many years been held in the highest repute as a *surgeon* from his eminent attainments in surgery on its pathological, its diagnostic and its operative sides.

As I have suggested a reason for which I may have been requested to present the portrait of Dr. Buckler, so I suppose I may have been invited to be one of those who bring before you this portrait of Dr. Tiffany for a somewhat kindred reason. It is this—that I am the sole

survivor, the last lingerer of that body which constituted the Faculty of the School of Medicine in the University of Maryland in 1868, the year in which Dr. Tiffany was graduated. My colleagues in that Faculty were Nathan R. Smith, Aikin, Miltenberger, McSherry, Johnston, Donaldson and Howard. And not only were they my colleagues, but my friends also. Chief among us, our leader and head, was Nathan Ryno Smith, and I may say that my friendship with him was especially warm and close, for he was for many years the friend of my father, who inscribed to him a volume of lectures on *Medical Education*, which he published, in these words: "To Nathan Ryno Smith, in testimony of the long and uninterrupted affection inspired by his virtues and worth." And so this special friendship came to me by inheritance, and brought me in constant attendance upon him in his old age, and by his own request for many months up to the end of his life, when he had passed his eightieth year.

During the period of undergraduate study it was formerly the custom for students to read medicine in the office of a preceptor, and to witness and give assistance in minor surgery if the preceptor was a surgeon, a custom which, I believe, has passed away. In accordance with this custom Dr. Tiffany was in his undergraduate period an office pupil of Professor Smith, who for many years held the Chair of Surgery at the University of Maryland, which was destined, ere many further years had elapsed, to be occupied by Dr. Tiffany himself.

As Professor Smith was always in the forefront of the surgery of his day, so Professor Tiffany with an equally firm hand held the post which has been so wonderfully advanced in the last quarter of a century. His election to the Chair of Surgery met the universal approval of the profession here, who recognized his fitness for the place from his preliminary training and his academical preparation at Emmanuel College, at Cambridge, England; from his special devotion to anatomical study, and from the fact that in 1869, one year after his graduation at the University of Maryland, he was appointed demonstrator of anatomy. This position constitutes, as is well known, the best foundation—indeed, the only adequate one—on which to base surgical knowledge and competence in the teaching of surgery. After holding this position for five years, he was advanced to the professorship

of operative surgery. There are others present whose training along the same lines which made Professor Tiffany the eminent surgeon that he is who can give an account which I could not attempt of his surgical achievements. I may refer briefly to my witnessing his removal of a large naso-pharyngeal polypus by temporary depression of the upper maxillaries preceded by tracheotomy, which was then pronounced "the most difficult and heroic operation recorded in the annals of surgery." I can recall, too, an early, if not the first, nephro-lithotomy performed by Professor Tiffany for the removal of the largest calculus then on record. Let it suffice to say, with a paraphrase of Samuel Johnson's famous words, there is no form of operative procedure which he has not attempted, and in which he has not succeeded; "*nullum fere secandi genus non tetigit.*"

Turning to this portrait which we welcome here tonight, I would ask what is the true value of the art of portraiture. It seems strange that one who ranks among the greatest votaries of another art, that of poetry, should thus express himself in regard to the art of painting: "You must recollect that I know nothing of painting," he says, "and that I detest it. Of all arts, it is the most artificial and unnatural, and that by which the nonsense of mankind is the most imposed upon." These are the words of Byron in a letter to a friend, and, strange as they are, they are all the more strange when we consider how powerfully he seems to have been impressed by the kindred art of sculpture when he wrote:

"There, too, the goddess loves in stone, and fills
The air around with beauty;

and again,

"View the lord of the unerring bow,
The god of life, and poesy, and light,—
The sun in human limbs arrayed;

and still again,

"I see before me the gladiator lie;
He leans upon his hand,—his manly brow
Consents to death, but conquers agony;
And his drooped head sinks gradually low."

Splendid lines all of them, are they not?

When Cardinal Manning saw Lord Ronald Gower's recumbent statue of the soldier of the

Old Guard dying at Waterloo and supposed to utter the words, "The Guard dies and does not surrender"—"*Le Garde meurt et nese rend pas*"—he wrote to the artist, "You have achieved no slight feat to have translated the 'Dying Gladiator' into modern French."

But, fine as the greatest works of sculpture such as these are, they do not, it seems to me, appeal to the feelings nor touch the heart as does the painter's art at its best.

In illustration of this I may refer again to a story of this art that I used once before, many years ago, on an occasion like this, for it is equally appropriate now. In a note to his poem on Italy, Samuel Rogers thus writes: "You admire that picture," said an Old Dominican monk to me at Padua, as I stood contemplating a "Last Supper" in the refectory of his convent, the figures as large as life; "I have sat at my meals before it for seven and forty years; and such are the changes that have taken place among us—so many have come and gone in that time—that when I look upon the company there—upon those who are sitting at that table, silent as they are, I am sometimes inclined to think that we, and not they, are the shadows." Such is the immortalizing power of the painter's art, witnessed by the old Dominican in Italy, and by many other human hearts everywhere.

What department of that art is it which most closely touches the heart and appeals to the affections? Surely it is the portrait painter's; for it appeals to the imagination with the forms of those who have lived before us; it shows the fair faces of long ago still smiling down upon us from their canvases; it preserves the thoughtful countenances of scholars and statesmen and lawyers; of surgeons and physicians, such as we have in these halls of science; and, best of all, it keeps for us the lineaments of those who were and are dearest and best loved and most highly honored, and thus "fixes in despite of death and time the marvels it hath wrought."

This it is by which the portrait painter's art gives more than mere pleasure, but endues it with a beneficent and sacred power. This it is by which we are enabled to pay tonight the deserved tribute of this portrait to one who is in all respects a most worthy and fitting representative of our own art, our colleague and friend, Prof. Louis McLane Tiffany.

DR. TIFFANY—TEACHER, AUTHOR
AND MAN.

By RIDGELY B. WARFIELD, M.D.

It would be unreasonable to try to arrange in order of merit the men whom this old Faculty has seen fit to honor in some conspicuous way; but I believe that among them no one in his time has been more worthy of distinction, has been more completely representative of the best of his period or has given impress of a remarkable personality on larger numbers of contemporaries and successors than Louis McLane Tiffany.

This is not the occasion for a definitive review of Dr. Tiffany's achievements, and it may be doubted if a judicial estimate of his career could be given now, because a necessary perspective is lacking; but it is fitting with the presentation of his portrait to the Faculty that we should record, in the name of his many associates and friends, an appreciation of a co-laborer in the profession who entirely typifies its highest ideals and a recognition of a quality of service and wealth of attainment rarely encountered in members of our calling.

A relation of Dr. Tiffany's activities in practice would be a chapter in the history of surgery for the last quarter of the nineteenth century. A native of Baltimore, inheriting its best traditions, he graduated in the Arts at Cambridge in 1866, when in his twenty-second year.

Returning home, with the advantage of a trained mind he entered the University of Maryland as an office student of the "Emperor," Dr. Nathan R. Smith.

Graduating in medicine in 1868, and following a hospital residence at the Baltimore Almshouse, the old Bayview, he formed early teaching connection with his Alma Mater as demonstrator of anatomy, and, as has been the case with many surgical practitioners in the past, his road to operative excellence led through the dissecting-room.

From these earlier years until when at the top of his fame and doing his best work he was forced into retirement because of ill-health, with remarkable devotion and constancy and without intermission, he exercised his talents singly toward the development and perfection of his art.

I don't know that he "toiled terribly," as Cecil said of Walter Raleigh; because of his facility

his work always seemed easy; but he builded constantly on his foundations, always looking for better things, a true disciple of John Hunter, putting to personal test and experiment the work of other men, "proving all things, holding fast to that which was good."

And as it happened, the period of his service was precisely that most fruitful in all the history of surgery. How commonplace today would be a recital of the elaboration in practice made possible by the gradual realization and application of the principles underlying what is now known as surgical asepsis?

The men, numbering thousands, who have come into surgery in the later years of its transformation, with the whole picture changed and with the establishment of a practically new relation between surgeon and subject, can scarcely appreciate the conditions of the past. Forty, even thirty, years ago hospitals were for the most part inadequate, ill-equipped and dirty, without trained nurses and poorly organized—indeed, lacking entirely the technical organization of the real sort upon which the conduct of modern surgery depends.

In that day there was reason for the popular dread of the hospital, the surgeon himself as often as possible avoided it, and a large proportion of important operations were performed in private homes. It required courage to do surgery then; operators were few, surgeons of mark very few, and the men who by reason of good work and good results achieved distinction were rather sure to have deserved it.

In this earlier day and in all the progress of his time Dr. Tiffany, if rather conservative and not a conspicuous originator and herald, was a leader always. He was a teacher throughout his career.

In 1874 he gave up his demonstratorship to become professor of operative surgery in a chair until then held by Dr. Alan P. Smith; but he continued also as professor of anatomy at the Maryland Dental College. In 1881 he succeeded Dr. Christopher Johnston as the professor of surgery. By this time his practice was limited to surgery, and I believe he was the first surgeon in Baltimore to decline all non-surgical work.

When I came to know him, in 1882, he was already perhaps the dominant figure among Baltimore surgeons.

From that time for more than a dozen years, at

first under the ordinary conditions of student life and later in a more intimate and personal way, in hospital work, as his dispensary chief, his assistant in private practice and otherwise, it was my privilege to enjoy in his service an association that was almost constant.

It is on this account, no doubt, that I have been asked to add my word to this occasion, and I confess a peculiar diffidence in attempting to give any sort of summary and review of the attainments and characteristics of a teacher and friend for whom I have so naturally a respectful and affectionate feeling.

In 1882 Dr. Tiffany was under 40, of splendid physique and distinguished appearance, by manner and address fitted to command, a compelling personality. The impression he made upon me in those days was no doubt paralleled in hundreds of cases.

As a lecturer he was never oratorical, never discursive, but simple, direct, graphic, driving principles home with quiet insistence, always making prominent the important fact. His manner was all his own, and in a peculiar way his lecture was effective, easy to follow, difficult to forget. In the words of a student, "One not only remembered what Tiffany said and how he said it, but where he stood in the amphitheatre when he said it." He made much use of the skeleton and of the dissected subject, and his demonstrations of skeletal surgery and of dislocations were particularly instructive.

The same simplicity and directness marked his clinical teaching. The patient, the diagnosis and what not to do as well as what to do. I have been often delighted in witnessing his conduct in examination; his consideration for the patient, the sick man as he would say, quite the same in private and public work; his insistence on seeing the thing from varying viewpoints, whatever obstacles seemed to prevent; his regard for the patient's story; his attention to individual and occupation possibilities and his exquisite gentleness of touch, coupled with an obvious strength of hand and purpose, always inspiring confidence. He is one of very few men whom I have known who really seemed to know how to palpate.

As an operator his performance was marked by profound respect for tissue and admirable dissection. He worked deliberately, even slowly; but without indecision, making every step count.

Entirely self-reliant, with admirable method

and approach, he knew his own mind as well as anyone I have known, and with nice ingenuity in the presence of unusual or unexpected difficulty always seemed to do the right thing in the right way. The simplicity of his means was remarkable. He was never the friend of special instrument or elaborate paraphernalia; but believed in fingers and eyes and a sharp scalpel. As he has himself written, "any instrument in competent hands will accomplish results which the most perfect instrument in unskilled hands cannot even imitate." "The carpenter is known by his chips, not by the shape of his tools."

He was a clean operator at a time when surgical cleanliness in the real sense was unknown, a believer always in clean hands, clean field, clean surroundings. Appreciating that this was not enough, he watched with interest the crude earlier attempts at antisepsis, the carbolic spray, and the rest, and while accepting the principle, often questioned the method. In admitting the value of chemical disinfectants, he insisted on the foundation of soap and water. In every relation laudably fastidious, he disliked crudity and he disliked dirt.

He believed in drainage. Coming into surgery at a time when the intelligent use of drainage marked the advance, he developed a method all his own, contributing largely, no doubt, to his good results. And he hated tension. The only backward steps in operating that I have ever seen him take have been in loosening sutures that seemed to him too tight, and looking again or rearranging drainage which had to be adequate and reach the bottom.

To his hospital service he was always attentive; his presence was distinctly stimulating to his staff. He liked order and method and exact report. Considerate toward his juniors, he required efficiency in his assistants. In operating he disliked any expression of fretted activity in those about him, who were often admonished with "steady, plenty of time," or "take your time." He was scrupulously exacting with himself and his assistants in the post-operative care of patients, and many of us have profited by his formula of "do your own first dressing."

As an author Dr. Tiffany has been a considerable but not a voluminous contributor to surgical literature.

In the *Reference Handbook of the Medical Sciences*, *The International Encyclopedia of Sur-*

gery, *The International Textbook of Surgery* and in Dennis's *System of Surgery* he has furnished articles on appendicitis, breast tumors, surgery of the blood vessels, cranial surgery and surgical diseases of the jaws and teeth. In Sajou's *Annual* for a number of years he supplied the chapters on surgical diseases.

More important, because more characteristic, are his published addresses before surgical societies and a number of articles appearing in various journals throughout his busy career, for the most part of cases with operative experiences and results, usually brief, always original and models of clarity and good surgical sense.

In reviewing these contributions which are today instructive and valuable, one gains some insight into the variety and scope of Dr. Tiffany's work and regrets that so much of his best thought remains unrecorded. I am not sure of his earliest publication. The *Index Medicus* had not appeared in the seventies. Perhaps it was the report of a case of multiple fracture before the Medical and Chirurgical Faculty in 1873. At any rate, he seems to have rather exactly followed the injunction of Pythagoras and to have kept silence for his first five years.

He has written a number of articles on surgery of the rectum, notably in the matter of operative possibilities in cancer. He made an early study of lumbar colotomy with observations on the anatomy and position of the large intestine. He devised an instrument for the division of high rectal strictures, his only contribution, so far as I can find, to the tool box of the surgeon.

In 1878 he described the successful removal of a large adeno-sarcoma filling the nose cavities, by a temporary depression of both maxillae, following a preliminary tracheotomy. A similar performance had apparently only once before been attempted, by Dr. Cheever, who did not employ tracheotomy and whose patient died 100 hours after the operation. He has described other cases of operations on the maxilla, including its complete removal without scar. He made a special report on the value of the prone position in various operative procedures about the mouth and air passages, and has written at length on plastic surgery of the face.

He has written on osteo-sarcoma of the femur, and I have seen in his records photographs of four patients out of five, all recovered after hip-

joint amputation, to which they had been submitted for this disease.

He has reported on litholapaxy. The Bigelow instrument is one of the few for which he has a word of praise. In his later work on vesicle calculus, he usually made a small perineal opening, through which, with the aid of the crushing instruments, he cleaned out the bladder in one sitting, securing drainage through his incision.

He has published interesting observations on the comparative frequency of surgical diseases in the white and colored races.

He has reported on the excision of a tumor involving the sciatic nerve; on intussusception; on the diagnosis of malignant tumors; on dislocation of the femur; on surgery of the knee; on ligation of the common femoral for aneurism; on oesophagotomy; on removal of the spleen; on hernia strangulated and other and on the treatment of irreducible epiplocele.

He did some pioneer work in kidney surgery, and probably performed the first nephro-lithotomy in America. He divided the renal capsule throughout its length in painful conditions without stone, curing his patient and anticipating the Edebohl's operation of decapsulation.

He described operations on pus kidney, operations at one sitting on both kidney and bladder, and emphasized the importance of adequate drainage in operative interference in inflammatory conditions of the urinary tract.

He has written on mammary tumors with special reference to extensive operation for cancer. He practiced broad excision in these cases, and was an early advocate of axillary dissection.

He has made a number of interesting observations on hepatic surgery, including the removal of tumor, and on the diagnosis and treatment of liver abscess. He described the removal of stones and drainage in a case of gall-bladder disease, operating through a liver area at first rendered extraperitoneal by rib resection and suture where access through the abdomen seemed impossible because of matted intestinal adhesions. The value of finger pressure maintained for some minutes in controlling hemorrhage from the cut liver is insisted on.

He performed many tracheotomies in diphtheritic croup, and because of a peculiar susceptibility has contracted the disease from these patients a number of times.

In an address before this Faculty as its presi-

dent in 1893, and in another report before the American Surgical Association a little later, he reported four cases of complete excision of the Gasserian ganglion for trifacial neuralgia by a modification of the Hartley method. Rose had operated by his own method in 1890 and 1891; Hartley in March, 1892. Dr. Tiffany's first case was in September, 1892, followed by the others after short interval. Three of these cases at least were permanently cured, one was lost sight of and his work in this direction is recognized as an important factor in "the transformation of a crude and somewhat hazardous undertaking to the present eminently satisfactory technique."

There is room for further report on Dr. Tiffany's publications. In reviewing them I have been impressed by their variety and their value. I have touched on only a few, and he has besides a rich store of records as yet unedited and unclassified.

He was always well informed and a careful reader of current reports and journals.

In medical societies he has always taken active interest, both as contributor and listener.

In debate he spoke slowly and distinctly, with great clearness, and simply, without finality and without exaggeration.

At varying times he has been president of the Baltimore Medical Association, the old Clinical Society, of the Medical and Chirurgical Faculty, of the Southern Surgical and Gynecological Association and of the American Surgical Association.

Of his personal qualities I dare not speak; but we bear in mind his magnetic attractiveness and charming manners, and especially what Weir Mitchell might call the manner of his manners, marked by a highly characteristic humorous geniality. How delightful his way with children and his love of animals, as Stevenson says of his father, "scraping romantic acquaintance with every dog that passed."

Happily recovered from a prolonged disability, he enjoys his ease; but who shall say with quite the same zest he enjoyed his work, for this he loved exceedingly, his work for his work's sake.

In his whole relation to society his attitude is beyond all criticism. He has reaped the benefits of large and successful practice with never a suspicion of commercialism or greed. He has occupied high place in his community with the respect and regard of all men. With the utmost

consideration for the weak, generous and kind, wise and strong and just, with splendid probity he has held his course, "without fear and without reproach."

PRESENTATION OF DR. TIFFANY'S PORTRAIT.

By JOHN M. T. FINNEY, M.D.

After the heat and burden of the day, when the shadows begin to lengthen, how pleasant it is at times to sit in the cool and calm of the evening and think over the turmoil and strife through which one has passed; to live over again the busy, active life; to experience anew the satisfaction that comes from the consciousness of duties faithfully performed, of work well done! I trust that Dr. Tiffany will pardon the interruption of such musings just long enough to allow his friends the pleasure and the satisfaction which come with honoring him. The thought has presented itself to many of his own profession who admire and respect him for those qualities of head and heart which have won for him so high a place in their regard, as well as to many others who can never forget what his skill and courage and gentle ministrations have meant to them or their dear ones while passing through the deep waters, in relief of pain, prolongation of life or moral support. To many such he has proved a tower of strength at a time when help was sorely needed.

As spokesman for all of these, it is my pleasant duty to express to Dr. Tiffany our most grateful appreciation, and to return our sincerest thanks for his kind co-operation in the carrying out of our plans.

Because of their urgent solicitation and at no little inconvenience to himself, Dr. Tiffany has very kindly humored a group of his friends, former students and patients, by graciously acceding to their request that he should have a portrait painted for the Medical and Chirurgical Faculty. This portrait has been completed, Mr. President, and is ready for presentation, and on behalf of the committee charged with the execution of this trust, we now hand it over to the care and keeping of the Faculty. In so doing, may we be permitted to express the hope that it will ever adorn

the walls of the home of this society and occupy a place befitting the dignity and station of the distinguished surgeon, the honored teacher and the trusted friend whom it portrays.

As a work of art, we believe that the artist has left little to be desired. We feel that, judged from this standpoint alone, it is worthy of a prominent place in your Hall of Fame. But its artistic merit, important as that is, is not our chief concern. This portrait was the outcome of the earnest desire that future generations, their interest stimulated and their ambition kindled through reading Dr. Tiffany's writings or after having heard his praises sung and his virtues recounted, should have the opportunity to learn something of the character and personal appearance as depicted on this canvas, of the man who in his day and generation had achieved so much and had contributed so largely to the sum total of human happiness and knowledge. This has been a labor of love upon the part of the committee in charge, and now that our work is done, we feel that in the attempt to honor our master and friend we have by so doing rather honored ourselves. We are none the less sincere, however, in our desire to pay fitting tribute, while he is yet with us in the full enjoyment of all of his faculties, to the character and accomplishments of Louis McLane Tiffany, the surgeon and the man. We trust that the knowledge of the high esteem and the loyal affection in which he is held by all those who have been fortunate enough to have known him or have in any way come under his influence may, in the years to come, serve to soften the rough places that yet remain and to sweeten the hours spent along the way.

A poor man served by thee shall make thee rich,
A sick man helped by thee shall make thee strong.
Thou shalt be served thyself by every sense of
service which thou hast rendered.

May these words of Browning, applied to Dr. Tiffany, be but a prophesy of the joys that shall continue to be his in the future as in the past. The true physician, the one whose heart and soul are in his work, as Dr. Tiffany's have ever been, finds his greatest joy in service. May the riches that come from service rendered the needy and the strength derived from help and comfort given the sick, together with the assurance of the ad-

miration, the love and genuine affection felt for him by his associates, his old students and patients and hosts of friends, now serve him "By every sense of service which he himself has rendered."

REMARKS ON DR. TIFFANY.

By W. S. HALSTED, M.D.

It is with great pleasure and eagerness that I embrace the privilege of this opportunity to express my high appreciation of Professor Tiffany's work as a surgeon and my admiration of the man.

Just a century and two years ago the Medical School of the University of Maryland was founded by William Gibson, one of the most distinguished names in American surgery, and I think it may truly be said that during this period no school in America has been more fortunate in the choice of men to direct the department of which Dr. Tiffany was for so long a time the head and the inspiration. All were surgeons of national reputation, and some of international renown; and the names of more than one of these will live always.

From 1812-1819 the chair was held by William Gibson; from 1819-1820 by John B. Davidge; from 1820-1826 by Granville Sharp Patterson; from 1826-1827 again by Davidge; from 1827-1869 by Nathan R. Smith; from 1869-1880 by Christopher Johnston; from 1880-1902 (22 years) by Louis McLane Tiffany, and since 1902 by Randolph Winslow. Possibly there are present tonight several who knew personally all of these men, and to whom the story from the beginning, which seems very far away to some, is still vivid.

Most of these surgeons have made important contributions either to their art or science. They have been men of unusual culture, of high ideals, of broad sympathies and were pre-eminent in position and influence.

It must be a stimulus and a source of great satisfaction to the worthy occupant of the chair today to contemplate the notable deeds and the illustrious names of his predecessors.

It is all very modern history, and the names of the professors of surgery in the University of Maryland are still household words in the

State, even in the families of those of us who came here by invitation and who, being received so cordially and adopted so unequivocally, have now, after a quarter of a century, become Marylanders as true, even if not quite so blue, as the proudest of her sons.

Although the story of the lives of these men, recently so well told by Dr. Cordell, must be quite fresh in your minds, I may nevertheless remind you of the particular deed of William Gibson, which insures immortality for his name and for his University. I refer to the ligation by him of the common iliac artery in 1812, when he was only twenty-three years of age; this operation was then performed for the first time, and it was undertaken for the control of hemorrhage.

Dr. John B. Davidge, Gibson's successor, was one of the very first to ligate the gluteal artery for aneurism.

To this, the most dramatic chapter of all surgery—to the treatment of aneurism—no country has contributed nearly so much as America, and, with the exception of Valentine Mott, these pioneer and courageous ventures in the ligation of the large arteries and the excision of large aneurisms have all been made by surgeons in the Southern States. The most important of the newer work in the treatment of aneurism has also been done by surgeons of the South.

Smythe, of New Orleans, was the first (1864) to tie the innominate successfully. He ligated the carotid and then later the vertebral, and finally, after ten years, in operating to cure the aneurism which had returned, lost his patient from hemorrhage during the operation.

It was in the South that the first part of the left subclavian was successfully tied for the first time, that a subclavian aneurism was first excised, that the thoracic aorta and the arch of the aorta were first operated upon by opening the thorax.

From New Orleans we have Matas, who has given us the operation of endo-aneurismorrhaphy; and who, by the way, a few years ago performed successfully a superb operation under cocaine for the cure of an arterio-venous fistula between the subclavian artery and the vein.

Many of Dr. Tiffany's operations were performed before the practice of Listerism had become established in this country, and hence re-

quired a courage and resourcefulness which the younger surgeons of today can hardly comprehend.

I had been in Baltimore only two days—this was in 1886—when an invitation was received to a reception at Dr. Tiffany's home. In the succeeding years we were both so busily engaged in work at our respective schools that our paths seldom crossed, but on several occasions I accepted the cordial invitation which he gave me to attend his clinic at the University of Maryland, and although the operations which I happened to see were comparatively trivial ones, I became convinced that he was a master of his art, and that the students on the benches could hardly comprehend their good fortune in having a man of Dr. Tiffany's endowments as their teacher. A courageous, forceful, upright and highly talented surgeon, and withal a dignified and polished gentleman, was the comment I made to myself on leaving the amphitheater.

I have references to about seventy papers by Dr. Tiffany in the two decades from 1878 to 1898. These contributions cover almost the entire field of surgery of the period, and have been admirably considered by Dr. Warfield.

I confess it was a surprise to me to find in Baltimore a surgeon so fully abreast, I might say ahead of his time, and so thoroughly equipped by natural gifts, by training and by study for his vocation.

At the meetings of the medical societies Dr. Tiffany's word was regarded as authoritative, and his opinion was eagerly awaited. I recall vividly his restrained and admirable retort on one occasion when, having reported certain cases of malignant lymphoma, he was informed by a medical brother that he wouldn't give a whit for a surgeon's diagnosis of Hodgkin's disease.

Dr. Warfield has expressed the view that Dr. Tiffany perhaps did not so much aspire to be conspicuously original as to "build constantly on solid foundations, looking for better things and putting to personal test the work of others."

Public-spirited men, those who concern themselves deeply with the immediate welfare of their friends and fellows, who respond eagerly to every call for assistance and strive to perfect themselves for the work that the day may bring forth, have not the time for the prolonged concentration required for the framing and solving of new problems.

ACCEPTANCE OF THE PORTRAIT FOR THE MEDICAL AND CHIRURGICAL FACULTY.

By A. C. HARRISON, M.D.

In the eloquent tributes of those who have preceded me have been reviewed the splendid works and attributes of this truly great man, to honor whom is the occasion of this gathering.

It is ever gratifying to see honor fall where honor is due, and on this occasion it is peculiarly fitting.

Upon these walls are the portraits of many eminent and distinguished men, and in time many others will be added, but never, I am sure, can there be one which will dim the lustrous presence of Dr. Louis McLane Tiffany.

May he live long to enjoy the fullness of his years and the love and admiration of his friends.

In accepting this portrait in the name of the Medical and Chirurgical Faculty of Maryland, I wish to extend the deepest thanks to this committee and all those who have contributed in any way to the fruition of our hopes.

Prof. John C. Hemmeter is in receipt of the following letter from Dr. A. K. Moilliet of Aire Libre, Pueblo, Mexico, which is published with Professor Hemmeter's answers:

"Aire Libre, Pueblo, Mexico,

"December 31, 1913.

"Prof. J. C. Hemmeter,

"University of Maryland,

"Baltimore, Md.:

"Dear Sir—I have just read in THE HOSPITAL BULLETIN of your work at the International Congress of Physiology. May I presume to trouble you with some questions on the serum of dogs' blood?

"When in South Africa many years ago, previous to my medical course, I heard more than once from the Boers of the supposed marvelous effects of dogs' blood on acute lobar pneumonia. My informants told me it was the custom to slit the dogs' ears and give a tablespoonful of the blood hourly or every few hours. I was unable to make any observations on the subject in those days. Will you please inform me as to the following?

"1. Are dogs immune to pneumonia or other lung diseases?

Answer—Dogs are known to have pneumonia.

"2. Does dogs' serum differ in any particular from human or horses?

Answer—The diplococcus pneumoniae causes pneumonia in dogs. It differs biologically because dogs' serum is hemolytic for the red blood corpuscles of all other animals.

"3. Is there any danger in subcutaneous injection of dogs' serum?

Answer—I have no personal experience with this therapy, but on biological grounds would advise against it.

"4. Does dogs' serum contain fibrin in the same proportion as human serum?

Answer—Very nearly the same proportion.

"Hoping you will excuse my questions, I am, sir,

"Yours faithfully,

"A. K. MOILLIET, M.D. (B. M. C.)

"P. S.—If you would care to answer my letter by the medium of THE HOSPITAL BULLETIN, to which I am a subscriber, it might be of interest to others."

Dr. Wilmer Brinton, class of 1876, writes us as follows:

"February 12, 1914.

"Dear Dr. Winslow:

"Please find enclosed my check for the memorial tablet to be placed in Davidge Hall to the memory of Dr. Eugene F. Cordell. What a remarkable man he was, what a loyal son he was of the University of Maryland! Do you not think there should be a more permanent tribute to his memory than a memorial tablet? What do you think of raising \$10,000, which would give an annual income of, say, \$450 or \$500, and awarding a "Cordell Scholarship" every four years in the School of Medicine to a worthy, deserving and competent young man who is beginning the study of medicine at the University of Maryland? This annual income of \$450 or \$500 would pay his tuition fees, purchase his books and pay his board each year.

"If this plan or something on these lines to perpetuate the name and work of our departed friend meets the approval of those whom you choose to consult, you can put me down for a subscription of \$50.

"Yours very truly,

"WILMER BRINTON."

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, MARCH 15, 1914.

DR. LOUIS McLANE TIFFANY.

It is, indeed, a great honor and I appreciate the privilege of being asked to contribute in my small way in behalf of my *former teacher, later chief and always friend*, Dr. Tiffany; but it is, I confess, with unfeigned diffidence that I attempt it in view of the many eloquent essays that have been written, and are herein published, portraying the wonderful achievements of this splendid man and master in surgery.

I fear my feeble pen can but trace its eulogy in humble echo, and yet when I look back and see how immeasurably shaped and cast my life and career have been by the inspirations gained from his great storehouse of clinical knowledge, and from the personal intimacy I have so fortunately always enjoyed from the very beginning of my surgical training, I naturally have a warmth and generosity of feeling towards him as my benefactor. If, however, I cannot attain to the grandeurs of eloquence contained in the accompanying testimonials by his friends and co-laborers, vouchsafe it to me at least to pay tribute to his *skill in surgery, his superb qualities of character as a man*, and above all, to his wonderful *personal charm as a friend*, and thus do him homage.

Few men had the honor of knowing Dr. Tiffany and of seeing his greatness from so many viewpoints as I have. I was, as it were, a stranger and he took me in, and has been the chief inspira-

tion which has guided me ever since. Such friendship, mark you, is worth, I assure you, *much—very much*. Emerson says very truly, "I know nothing which life has to offer so satisfying as the profound good understanding which can subsist after much exchange of good offices between two men, each of whom is sure of himself and sure of his friend. It is a happiness which postpones all other gratifications and makes politics and commerce and churches cheap."

Dr. Tiffany, although reared and trained prior to the Listerian principle of surgical cleanliness, when there abounded the terrors in surgical practice of former days, terrors which surgeon and patient faced meekly and in resigned despair; and in spite of all this, his judgment was such that he met and faced these conditions and achieved success in most of his work; always displaying the best of judgment and meeting the conditions by adhering always, in his methods of wound treatment, to the sound solid doctrines of common sense, and clean (*not aseptic*) surgery; never closing wounds "*tightly*," but leaving "a way out," as his expression was, for drainage. This did not prevent his studying and benefiting by the new light issuing from Scotland, which, in its primitive, immature stage, he unreservedly declined to adopt, but rather preferred his conservative, painstaking methods, until the practice of Listerism had become established. After this became accepted, no one gave it more generous approbation. He always showed wonderful insight in grasping quickly the full value of an operative procedure that was worth while, but avoided any and all of those which did not possess true merit; never adopting a method simply to try it out because it was the latest surgical fad, so to speak—no, never. It had to have an unquestioned merit, or else his better, and I would say his marvelous, judgment would cause him to shrink from it as unsurgical and not to be sanctioned or accepted. He distrusted conclusions and had a contempt for observations made in haste and without good reason. Such an operation as the J. W. White operation for the cure of enlarged prostates he regarded as unworthy and unwarranted surgery, and never would resort to it, and the history of the operation has shown that his opinion and judgment were perfectly correct. So, likewise, could I mention numerous other incidents exemplifying his accurate insight.

This is no occasion for me to go minutely into

his works as an author; this has already been done more fully and by better pen than mine. The list of his contributions would fill more than these pages, nor does it seem to me fitting to take up in order the *big things that he did*. This, likewise, has been carefully touched upon, in a measure, by others.

As a teacher his methods were peculiarly his own; a most conspicuous figure, of commanding presence, whose word was always regarded as authoritative. His lectures were simple, explicit, most direct, most decisive and forceful beyond measure, fixing and driving home the essential facts of his subject, which the attentive student could grasp, understand and without difficulty remember. I believe that among the eminent men of the Faculty (and they were all men of marked culture during this period) no one filled his chair with greater dignity, or has been more worthy of distinction, as representing the best in his time, than Dr. Tiffany.

As a clinician he had no equal; his bedside instruction was absolutely unique in the thoroughness with which he sought for the cause of the underlying malady; with the most profoundly gentle touch, for which he was distinctly noted, and for marked consideration for the feelings of his patients—it mattered not in what walks of life they were, often showing the most gentleness to the poor unfortunate and the very humble, and often least to the idle rich; always commanding respect and inspiring confidence. These qualities of gentleness of heart and hand, with his masterful knowledge of surgery, caused him to occupy in those days a leadership which was much to be envied. He was distinctly the most conspicuous man in surgery here and in the South. The thousands who have received from his hand his wonderful skill and kind ministrations which meant so much to them in their suffering can never forget what he was to them; nor can the hundreds of students who were inspired by his teaching ever forget his splendid amphitheater and bedside clinics.

As an operator he was a dominant figure, having ever at his command the good physique, the courage, the keenness of eye, the assurance of hand, all and any of which are assumed to be the qualities of a skilled craftsman and an experienced and accomplished surgeon. Many of these qualities depend upon natural aptitude and physical qualifications, which he possessed in great

measure; but still more depend upon culture and patient practice. He was ambidextrous, using one hand as well as the other in the handling of his knife. He had a thorough knowledge of his anatomy, which had come to him from his previous duties, and showed always a marked and proper appreciation of his tissues. He of all men, I should say, possessed the so-called surgical hand, which he seems to have come by naturally. His brilliancy in the days of the so-called brilliant surgeon was not attended with reckless manipulations, accompanied by haste and speed, but he possessed that surest sense of confidence which rests with the operator who has planned accurately what he intends to do and how to do it; seeming to possess during all operations *precision of knowledge, precision of judgment and precision of hand*.

There are a few operative procedures in which he was so distinctly the leader and pioneer that I beg for the privilege of a word concerning them. It is with a feeling of greatest pride that I look back to the days of my early surgical training, which began just at the height of his fame. I came to know him in 1884, he was then Professor of Surgery at the University of Maryland, and his presence and teaching were always most profoundly inspiring to all students who came under his instruction. As a house officer I had the privilege of assisting him at most of his major work, and after a number of years of this experience I was then made his chief of clinic and assisted him in his private work, most of which was done in private houses. I remember as a student he took me out to help at a surgical operation, for in those days many, in fact I might say most, of his big, important operative work was done outside of the hospital on account of the conditions which then prevailed.

It was during this time that he made strides as a leader in many domains of surgery and did distinctly pioneer work. I was fortunate enough to assist him on many of these distinguished occasions. His liver and kidney surgery was distinctly of the pioneer type. He is credited with having performed the first nephrolithotomy in America. I had the honor of helping him in operating, at one sitting, on both kidney and bladder, removing a stone from each, with the recovery of the patient. He was decidedly the pioneer in the operation for the excision of the *Gasserian ganglion* for trifacial neuralgia. In

April, 1892, Hartley of New York and Krause of Germany performed independently of each other the extra-dural operation by a large plastic bone flap from the temporal region, and the method of approach was known as the Hartley-Krause operation. On September 12, 1892, a very few months following, Dr. Tiffany performed the first one ever done in Baltimore with a successful issue, and many other cases were done at short intervals immediately following, all recovering. He performed, furthermore, the first gastro-enterostomy ever done here in the same year, 1892, in the following month, October, with a successful issue. This was done for pyloric stenosis, due to malignant growth therein situated, and the patient had reached that period known as the starvation period. Surgery, although ever advancing, had not advanced to the point of successful pylorotomies; but a side-tracking operation, namely gastro-enterostomy, was done on this patient with marked relief. This, likewise, was done at the patient's house, and I had the privilege of assisting him in all of these operations and can forcefully testify to the splendid method of their execution.

He is now enjoying his ease and quiet, and although free from the turmoil of active work, I still look upon him as my chief, and often seek his valued advice. My feelings for him are too personal for me to attempt to speak of his qualities as a man and a friend further than what I have said. I voice the sentiments of all by expressing to him our sincere appreciation for all the good things he has done, and trust that we may be allowed to prove ourselves worthy of his splendid example.

F. M.

THE EDUCATIONAL CONGRESS RE- CENTLY HELD IN CHICAGO.

In the latter part of February of each year a meeting of several educational associations is held in Chicago on successive days. The organizations with which we are most concerned are the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges; though the deliberations of the other bodies are also of great interest.

Beginning on January 1, 1914, a decided step forward was taken by the medical colleges requiring, as a prerequisite to entrance upon the study of medicine, a year of college work in

chemistry, physics, biology and either French or German, in addition to fourteen units of approved high-school work. While this standard had been adopted, there were several questions concerning the administration of the new requirements that had not been determined.

1. What conditions, if any, shall be permitted in the enforcement of these requirements? It was decided that chemistry and biology must be completed as required, but that one-half year's work in physics or modern language may be carried as a condition, for the present, to be made up before the beginning of the sophomore year. It was thought that the industrious student could make up these deficiencies by attendance on summer schools or by special instruction.

There was considerable expression of opinion that English should be substituted for foreign language. While foreign language is extremely valuable, it is certainly much more desirable that the American student should have a better acquaintance with his own tongue than that he should have a smattering of French or German. By the present requirement the foreigner is in many instances given a decided advantage over the native student. This view, however, did not prevail; and the prospective medical student must be able to show a year's work of college grade in either French or German.

2. Can a student who entered under the high-school requirement and who has been required to repeat a year in the medical school be readmitted to the same or to another school under the old requirements? It was the consensus of opinion that it was permissible for him to continue his course under the same conditions that were in force when he began the study of medicine. Of course this applies only to those who have intermitted, from one cause or another, for a limited period, and not to those who have been years out of college.

3. Shall two years of college work be required for admission to a medical school in 1916? There were several prominent educators who advocated this, as it was thought that it would be difficult to accomplish the required work in one year. It was also thought that the break was between the high school and college, and that it would not be difficult to get the student to remain two years in college, if he once entered.

While two years of college work will undoubtedly be required as a minimum in the near future,

no time was set for the adoption of this condition. There are seven States that require two years of college work as a prerequisite for admission to license, and, doubtless, other States will follow their example in the near future.

4. Shall an interne year be required previous to graduation?

This was negatived by a large majority, as even the strongest schools are unable to comply with such a requirement. The University of Texas said it could not supply more than 60 per cent. of its graduates with hospital positions.

On the other hand, it was thought that this could also be left to the State Examining Boards, as Pennsylvania, and perhaps some other States, now require a year's service as an interne in a hospital previous to admission to an examination for license to practice in the State.

For the next year, at least, there will be no additional requirements for the study of medicine, and some elasticity in the enforcement of the present regulations will be permitted.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
 Dr. Nathan Winslow, \$10.
 Dr. D. W. Cathell, \$10.
 Dr. Eugene Kerr, \$10.
 Dr. Randolph Winslow, \$10.
 Mrs. Randolph Winslow, \$5.
 Dr. Hiram Woods, \$10.
 Dr. J. W. Holland, \$10.
 Dr. J. Mason Hundley, \$10.
 Mrs. Nathan Winslow, \$1.
 Dr. Joseph E. Gichner, \$1.
 Dr. Ernest Zueblin, \$5.
 Dr. Edgar G. Ballenger, \$10.
 Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

THE ENDOWMENT FUNDS.

According to the report of Mr. Charles Markell, Jr., treasurer of the trustees of the Endowment Fund, made on January 12, 1914, the Faculty of Physic Fund now amounts to \$20,303.63. This fund has been set aside as the pathological endowment fund, and all contributions that have been made to the pathological fund are included in the Faculty of Physic Fund. During the year 1913 this fund has increased \$2555.94, which, while not a large amount, is a long way better than nothing.

The General Endowment Fund is now \$8804.13, an increase of \$539.47 during the year. The death of Professor Cordell in August put an end to efforts to raise money for this fund, as we have not been able to secure his subscription list, and, as far as we know, no payments have been made since his death.

The total funds in the hands of the trustees at this time amounts to \$46,309.35, an increase of \$3420.19 during the year, besides a life insurance policy for \$5000 not matured.

The fact stares us in the face that we must have a reasonable endowment. Who will help us to get it by giving personally, by influencing others to give and by constructive advice?

We need money for endowed chairs, for endowed scholarships, for new laboratories, for endowed beds in the hospitals and for equipment.

REPORT OF CHARLES MARKELL, TREASURER, ANNUAL MEETING, JANUARY 12, 1914.

GENERAL ENDOWMENT FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$765.16
Jan. 1, 1914—Interest Central Savings Bank..	36.47
Jan. 12, 1914—Subscriptions to date.....	145.00
Jan. 12, 1914—Interest on bonds to date.....	375.00
Total.....	\$1,321.63

Deduct:

April 3, 1913—Paid premium treasurer's bond.....	\$12.50
June 11, 1913—Paid Colonial Trust Co. box rent.....	5.00
	17.50

Jan. 12, 1914—Balance Central Savings Bank..	\$1,304.13
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This fund consists of—

1—\$500 University of Maryland Regents 5% Bond.....	\$500.00
1—\$1000 Georgia & Alabama 5% Bond.....	1,000.00

1—\$1000 Georgia, Carolina & Northern 5% Bond.	1,000.00
1—\$1000 Omaha & Council Bluffs R. and B. 5% Bond.	1,000.00
2—\$500 City of Tacoma 5% Bonds.	1,000.00
2—\$1000 St. Joseph Railway, Light, Heat and Power 5% Bonds.	2,000.00
1—\$1000 Edison Elec. Light Co. of Los Angeles 5% Bond.	1,000.00
Balance Central Savings Bank, Jan. 12, 1914..	1,304.13
	<hr/> \$8,804.13 <hr/>

FACULTY OF PHYSIC FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$1,303.09
Jan. 1, 1914—Interest Central Savings Bank..	72.62
Jan. 12, 1914—Subscriptions to date.	527.85
Jan. 12, 1914—Interest on bonds to date.	860.00
July 14, 1913—Kentucky Electric bond called (105 and interest)	1,072.64
Total.	<hr/> \$3,836.20 <hr/>

Deduct:

July 14, 1913—Bought one Louisville Gas & Electric 1st Ref. 6% Bond at 99 and interest.	997.17
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Jan. 12, 1914—Balance Central Savings Bank..	\$2,839.03
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This fund consists of—

3—\$500 Newburg Light, Heat & Power Co. 5% Bonds.	\$1,500.00
1—\$1000 Georgia, Carolina & North. 5% Bond.	1,000.00
4—\$500 University of Maryland Regents 5% Bonds.	2,000.00
6—\$500 Faculty of Physic 5% Bonds.	3,000.00
1—\$1000 Anne Arundel Co. 4% Bond.	1,000.00
1—\$1000 Public Service Corporation of N. J. 5% Bond.	1,000.00
1—\$1000 Minneapolis G. L. 1st Gen. Mortgage 5% Bond.	1,000.00
1—\$1000 Edison Elec. Co. of Los Angeles 5% Bond.	1,000.00
1—\$1000 Minneapolis G. L. S. 5% Bond.	1,000.00
1—\$1000 Fairmont & Clarksburg Traction 5% Bond.	1,000.00
1—\$1000 Topeka Rys. Co. 5% Bond.	1,000.00
1—\$1000 Cons. Gas Co. 4½% Bond.	980.00
1—\$1000 Great Southern Equip. 4½% Bond..	994.60
1—\$1000 Louisville Gas & Electric 6% Bond..	990.00
Balance Central Savings Bank, Jan. 12, 1914..	2,839.03
	<hr/> \$20,303.63 <hr/>

LEON FRANK FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$98.69
Jan. 1, 1914—Interest Central Savings Bank..	2.13
Jan. 12, 1914—Interest on bonds to date.	125.00

\$225.82

Deduct:

June 11, 1913—Paid for scholarship.	125.00
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Jan. 12, 1914—Balance Central Savings Bank..	\$100.82
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This fund consists of—

1—\$500 Newburg L. H. & P. 5% Bond.	\$500.00
1—\$1000 St. Joseph R. L. H. & P. 5% Bond..	1,000.00
1—\$1000 Omaha & Council Bluffs R. & B. 5% Bond.	1,000.00
Balance Central Savings Bank, Jan. 12, 1914..	100.82
	<hr/> \$2,600.82 <hr/>

J. C. HEMMETER FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$739.86
Jan. 1, 1914—Interest Central Savings Bank..	32.45
Jan. 12, 1914—Interest on bonds to date.	175.00

Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$947.31 <hr/>
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This fund consists of—

1—\$1000 Chicago Ry. 5% Bond.	\$1,000.00
1—\$1000 Chicago City Ry. 5% Bond.	1,000.00
1—\$500 Faculty of Physic 5% Bond.	500.00
1—\$1000 Minneapolis S. Ry. & S. P. C. R. 5% Bond.	1,000.00
Balance Central Savings Bank, Jan. 12, 1914..	947.31
\$5000 Life Insurance Policy.	

Total.	<hr/> \$4,447.31 <hr/>
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CHARLES FRICK RESEARCH FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$671.80
Jan. 1, 1914—Interest Central Savings Bank..	26.80

Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$698.60 <hr/>
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LAW FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$125.03
Jan. 1, 1914—Interest Central Savings Bank..	5.00

Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$130.03 <hr/>
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CHARLES M. HITCHCOCK FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$175.24
Jan. 1, 1914—Interest Central Savings Bank..	4.08
Jan. 12, 1914—Interest on bonds to date.	250.00

\$429.32

Deduct:

June 11, 1913—Paid for scholarships.	250.00
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Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$179.32 <hr/>
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This fund consists of—

10—\$500 University of Maryland Regents 5% Bonds.	\$5,000.00
Balance Central Savings Bank, Jan. 12, 1914..	179.32
	<hr/> \$5,179.32 <hr/>

CATHERINE GIBSON FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$489.19
Jan. 1, 1914—Interest Central Savings Bank..	19.90
Jan. 12, 1914—Interest on bonds to date.	50.00

Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$559.09 <hr/>
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This fund consists of—

2—\$500 University of Maryland Regents 5% Bonds.	\$1,000.00
Balance Central Savings Bank, Jan. 12, 1914..	559.09

\$1,559.09

RANDOLPH WINSLOW FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$64.72
Jan. 1, 1914—Interest Central Savings Bank..	1.00
Jan. 12, 1914—Interest on bonds to date.	125.00

\$190.72

Deduct:

June 11, 1913—Paid for scholarship.	126.00
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Jan. 12, 1914—Balance Central Savings Bank..	<hr/> \$64.72 <hr/>
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This fund consists of—

4—\$500 University of Maryland Regents 5% Bonds.....	\$2,000.00
1—\$500 Faculty of Physic 5% Note.....	500.00
Balance Central Savings Bank, Jan. 12, 1914..	64.72
	<u>\$2,564.72</u>

PHARMACY FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$11.30
Jan. 1, 1914—Interest Central Savings Bank..	.40
Jan. 12, 1914—Subscriptions to date.....	5.00
	<u>\$16.70</u>

DENTAL FUND.

Jan. 13, 1913—Balance Central Savings Bank..	\$1.00
Jan. 12, 1914—Subscriptions to date.....	4.00
	<u>\$5.00</u>

TOTAL PAR OR BOOK VALUE OF ALL FUNDS.

General Endowment Fund.....	\$8,804.13
Faculty of Physic Fund.....	20,303.03
Leon Frank Fund.....	2,600.82
J. C. Hemmeter Fund.....	4,447.31
Charles Frick Research Fund.....	698.60
Law Fund.....	130.03
Charles M. Hitchcock Fund.....	5,179.32
Catherine Gibson Fund.....	1,559.09
Randolph Winslow Fund.....	2,564.72
Pharmacy Fund.....	16.70
Dental Fund.....	5.00
Total.....	<u>\$46,309.35</u>

ITEMS

At the thirteenth annual banquet of the employes of the Baltimore Health Department, held recently, announcement was made by Dr. Nathan R. Gorter that the Health Department would be organized into bureaus, that it may be more effective in preserving the public health. The first bureau was created January 1, and is known as the Bureau of Food and Dairy Inspection. It is in charge of Dr. Frederick C. Blanck, the department chemist. The other bureaus are to be those of infectious diseases, plumbing and sanitation, vital statistics and laboratories. Details of these bureaus will not be complete until the Health Department is installed in its new quarters in the old Polytechnic Building, which is expected to be ready some time in April.

A fire in the office of Dr. Myer W. Aaronson, class of 1904, of 1710 Linden avenue, caused damages estimated at more than \$1000.

Dr. Charles Bagley, Jr., class of 1904, who has for the past year been first assistant to Dr. Harvey Cushing, chief surgeon of the Peter Brent

Brigham Hospital at Boston, Mass., has returned to Baltimore, and desires to announce that he has resumed practice here. He is located at 5 W. Chase street; hours, 5 to 6 P. M. and by appointment; telephone, Mt. Vernon 5983.

Dr. John C. Hemmeter, professor of physiology and clinical medicine, who has been confined to his home, 739 University Parkway, with an attack of grip, has entirely recovered.

On account of the large number of cases of smallpox, Health Commissioner Gorter is urging general vaccination.

The department of otolaryngology of the Presbyterian Eye and Ear Hospital has a vacancy for a conscientious assistant. Communicate with Dr. Leo J. Goldbach, 322 N. Charles street, Baltimore, Maryland.

Miss Mary A. Rutherford, University Hospital Training School for Nurses, class of 1913, has been appointed Superintendent of Nurses of the Rocky Mount Hospital, North Carolina.

Dr. Herbert Schoenrich, class of 1907, who recently passed the medical examination for entrance in the Medical Corps, Maryland National Guard, has been assigned to the Fifth Infantry, with the rank of first lieutenant. Dr. Schoenrich received a probationary commission in the Medical Corps last spring, and was temporarily assigned to the Fifth Infantry, accompanying the regiment to Belair in the recent State encampment.

Dr. Schoenrich was born in Baltimore in 1883, and received his early education at the public schools and Deichmann's University School. In 1903 he was graduated as doctor of pharmacy from the Maryland College of Pharmacy, and in 1907 received his medical degree from the University of Maryland.

Later he was resident physician in Bayview Hospital and assistant to the Presbyterian Hospital of New York city. He is a member of the Medical and Chirurgical Faculty of Maryland, the American Medical Association, American Urological Society and other local societies, and is now associated with Dr. Sylvan H. Likes.

Dr. Schoenrich is the son of Prof. C. O. Schoenrich of the Baltimore City College, and

brother of Judge Otto Schoenrich, president of the Nicaraguan Mixed Claims Commission.

BIRTHS

To Dr. William T. Chipman, class of 1912, and Mrs. Chipman, of Felton, Del., February 24, 1914, a son—Harrison Berlin Chipman. Mrs. Chipman was before her marriage Miss Ruth Elizabeth Berlin, University Hospital Training School for Nurses, class of 1911.

To Dr. Judson E. Hair, class of 1912, and Mrs. Hair, formerly of Blackville, N. C., February 18, 1914, a daughter—Martha Ivy Hair.

MARRIAGES

Frances Woodbridge Sprecher, R. N., University Hospital Training School for Nurses, class of 1911, of Sykesville, Md., to Mr. Ethelbert Walton Smith of Wilmington, Del., at Sykesville, February 19, 1914. After March 15 Mr. and Mrs. Smith will be "At Home" at the Marquette Apartments, Wilmington, Del.

Dr. Clarence Irving Benson, class of 1909, of Post Deposit, Md., to Miss Marjory Breckenridge Knauss of Philadelphia, Pa., at Philadelphia, February 11, 1914. Immediately after the ceremony Dr. and Mrs. Benson left for Bermuda, where they will spend their honeymoon. They will reside in Port Deposit, where the groom is practicing his profession.

DEATHS

Dr. Thaddeus W. Clark, class of 1880, of 10 W. Hamilton street, this city, died at the home of his brother-in-law, 58 W. Biddle street, February 14, 1914.

Mrs. Viola Struven Fehsenfeld, wife of Dr. Arthur L. Fehsenfeld, class of 1909, and assistant in neurology at the University Medical School, died of blood poisoning February 6, 1914. THE HOSPITAL BULLETIN desires to express its sincere sympathy to Dr. Fehsenfeld.

Dr. Dennis Lawrence Glynn, Baltimore Medical College, class of 1902, of Portland, Conn., a

fellow of the American Medical Association, died at St. Francis' Hospital, Hartford, Conn., January 30, 1914, about six weeks after an operation for appendicitis, aged 38 years.

Dr. Charles Irwin Hill, Baltimore Medical College, class of 1899, former assistant surgeon in the Fourth Infantry, Maryland National Guard, and active in several fraternities of Baltimore city and county, died at his home on Wylie avenue, near Park Heights avenue, February 24, 1914, aged 36 years.

Dr. Hill was the son of Dr. Charles G. Hill, superintendent of the Mount Hope Retreat and surgeon of Troop A, Maryland National Guard. He was born August 18, 1878, on the Reisters-town road, Baltimore county, where his family still has its home. He was educated at the Mars-ton School, and received his degree of bachelor of arts from Loyola College. Later he entered the Baltimore Medical College, graduating in 1899. Immediately after his graduation, he became assistant surgeon of the Maryland General Hospital. Later becoming interested in nervous and mental diseases, he went abroad and studied at the University of Berlin. Returning to Baltimore, he took up actively the practice of his profession, and in 1900 was commissioned assistant surgeon in the Fourth Infantry by Governor John Walter Smith, with the rank of captain. He resigned a few years ago because of impaired health.

In 1904 Dr. Hill was appointed assistant physician at the State Hospital for the Insane, Springfield, where he also served as pathologist, and where he had charge of female epileptics. While at Springfield he contributed numerous papers to medical societies and journals.

He was a member of the Baltimore County Medical Society, the Medical and Chirurgical Faculty of Maryland and the Maryland Psychiatric Society.

Dr. Hill is survived by his parents, three brothers—Dudley S. Hill, now living in Panama; Gerald Hill, a member of the Baltimore bar, and Dr. Milton P. Hill—and one sister—Miss Gladys Hill.

Dr. Whitefield Otis Dunham, class of 1891, founder of and surgeon to the Dunham Hospital, Sioux Falls, S. D., died at his home in that city, February 18, 1914, from typhoid fever, aged 53 years.

THE HOSPITAL BULLETIN

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No. 2

PUBLIC HEALTH AND PROGRESSIVE SANITATION.*

By C. F. STROSNIER, M.D.,

*Formerly Assistant Director for Hookworm Dis-
ease, North Carolina Board of Health,
Mount Olive, N. C.*

The object of this paper is to review some questions which are of vital importance to those who have the responsibility of supervising the health and prosperity of a community.

Let us first consider the physical diagnosis of a small town from a sanitary standpoint. Street pathology: First impressions are the most lasting, so it is said. The observer will, as a rule, find store sweepings, refuse paper, decaying vegetables and fruits, standing puddles of water, tin boxes, bottles, old buckets, cans, ashes and brush and weeds piled up on the street. In many instances I have noticed deep ditches along the street containing stagnant water.

These things bespeak for themselves uncleanness, they produce bad odors, and flies propagate thereon. Mosquitoes propagate in stagnant water and hide in debris of brush, weeds, etc.

Treatment.—Have all paper and store sweepings either burnt or hauled away. Have decaying vegetables and fruits buried. Have old cans, buckets, bottles, boxes, brush and weeds hauled away and burnt. Keep the streets well drained to avoid stagnant water. Keep weeds and grass out of gutters.

Vacant Lots.—Pathology: It is not an uncommon occurrence to find a vacant lot with high weeds thereon, as well as a ditch poorly kept, al-

lowing water to become stagnant. This lot becomes the trash box for the community for such things as old boxes, cans, bottles, buckets, bones, brush, weeds. It is also frequently used as a night privy by the public.

Treatment.—Have the owner to keep said lot clear of weeds and such trash as above mentioned, laying special stress upon the lot being properly drained. I have frequently found vacant lots to be a veritable hotbed for mosquito propagation. Such lots prove to be a nuisance and a danger to all families living within a radius of one block.

Have Sanitation in a Small Town.—In many instances dish and waste water, as well as vegetables and fruit refuse and slops, are disposed of by throwing the same out of the back kitchen window or side door, as is suggested by the familiar black streak running from the window sill to the ground. This practice is quite prevalent, and the same should be abandoned for the reason that it keeps moisture, bad odors and flies present during the warm season of the year. Flies propagate at such places, as well as disease germs. Again, garbage and slop cans sit near the kitchen door uncovered. Flies are noted frequenting these cans in swarms. The open back privy, as a rule, is in evidence. The horse stable is unscreened, and the hog and cow pen are seldom cleaned; odors peculiar to these respective animals are much in evidence during warm weather.

Treatment.—Have the waste water and dish water, slops and vegetable and fruit refuse either put in cans with covers and hauled away, or have the said waters and refuse buried in the back yard.

The open back privy must be replaced by either a sewerage system or a sanitary privy to avoid

*Read before the Fourth Councillor District Medical Society of North Carolina.

said pollution with the hookworm larvae, typhoid bacilli, ameba dysentery and the bacilli dysentery. If this is not done there will continue an almost endless chain of reinfection of individuals wherever these diseases exist. Stop making fence corners, cornfields, cottonfields, backs of barns and smoke houses and tall weeds the places where nature's effete matters are unloaded. Where the excreta is disposed of through a water-borne system (water closets and sewerage), as is generally the case in the larger and more populous cities of the State, very little hookworm anemia is noticed.

There are not enough sanitary privy buildings in the small towns and rural districts of this State. My observations in the rural districts has been that about 40 per cent. of the whites have one open back privy and 25 per cent. of the colored people have one open back privy at their homes. Until each family is provided with this necessary sanitary addition to the premises the State Board of Health cannot hope to have its strenuous efforts to eradicate the hookworm meet with that success which a generous expenditure of time, funds and patience should merit. It is a strenuous work, because so much patience and repetition are necessary to accomplish anything; ignorance, negligence, false modesty and commercialism must be contended with. We must educate first, convince next and finally be permitted to do. It is a truism in sanitation that that which comes out of the body defiles the body when uncared for, whether it be sputums, feces or urine, and can be made the means of transferring diseases from man to man when not disposed of in a proper manner.

The privy should be properly ventilated, fly and mosquito proof, and the receptacle should be chicken, dog, hog and fly proof, so that infected dejections may not be fed upon by flies and carried into the kitchen or dining-room to pollute food and drink. The cost of such a privy is small, say \$8 or \$12, as compared with the comfort experienced afterwards and a conviction of safety. Every family in the country or in non-sewerage towns should have privies to prevent soil pollution and insure privacy and comfort. There is no duty greater than that which has to do with caring for the body and that which comes from the body.

It is the duty of the thoughtful and intelligent white citizen to disseminate practical information

in this and all hygienic and sanitary subjects to his or her less well-informed neighbor. The duty of keeping clean in a physical sense is as high as that of moral cleanliness.

We must make it plain to our people that no man has a right to keep house or to live with his wife in a civilized community in such a manner as jeopardizes his neighbor's health or happiness.

Horse, Stable and House Fly Eradication.—All horse stables should be screened to prevent flies from annoying the horses and laying eggs in the manure. All stables should be cleaned and swept at least once per week. If the manure is not hauled out on the land it should be thrown into a large bin having a 15x20 swinging door. Have a hole on top of this box three inches in diameter to allow light to enter the box; over this opening place a wire fly trap to catch all flies which hatch out of eggs contained in the box contents. All flies will be hatched in two weeks. Two boxes or bins should be provided and used alternately. It is said that 99 out of every 100 flies are stable born.

Typhoid Fever Prevention.—By far the most important of all measures is the destruction of flies in the immediate neighborhood of a typhoid case. Flies can at least be kept from feeding upon typhoid excreta and urine, and afterward crawling upon food in the kitchen, dining-room, meat stalls or fruit stands. A large number of outbreaks of typhoid fever of late years have been due to infection conveyed by flies. Get rid of flies, screen against them, not only in our homes, but in the market places, meat stalls, fruit and vegetable stands, fish, candy and cakes; in other words, all uncooked vegetables and fruits, together with saucers, glasses and spoons used at cold drink stands, should be screened against flies. Not simply by laying mosquito netting over meat, vegetables and fruit for the flies to crawl over and not improbably contaminate the articles of food between the meshes as it loosely lies over the commodities, but to screen closely all openings of rooms used for the sale of foodstuffs, and where exposed to infection, to be contained in fly-proof cages.

Hogs should not be allowed within the residential section of an incorporated town. Cow pens and hog pens should be cleaned daily. Remember that where absolute cleanliness prevails there are no flies.

Mosquito Eradication.—In suburban sections, where houses and yards are widely separated, it is usually true that each householder is responsible for the breeding of his own mosquitoes. All pools and collections of water should be immediately filled or drained to dryness. Otherwise use kerosene, 1 dram to every 15 square feet, once every 10 days and after every rain on pools of stagnant water. The oil stops up the breathing tubes of the larvae and suffocates them. Ponds and streams should be stocked with fish. The best larvae destroyers are top minnows, sunfish, gold fish, silver fish. The banks of ponds, lakes and brooks should be kept free from vegetation and lily pods, and stagnation should be prevented; the sides of ditches should be kept vertical and free from weeds and trash. The drains should be kept clean and given sufficient fall to carry off all water.

The State, county, town and the individual must fight the mosquitoes. The infection of malarial fever is carried by mosquitoes only. Persons take the disease by being bitten by mosquitoes that have previously bitten a malarial fever patient. Screen the windows and doors of the house and beds also. Use fine mesh netting without holes and tuck same in well around edges of the bed.

Sanitary Inspection of Hotels and Boarding-Houses.—That hotels and boarding-houses should be maintained in a hygienic and sanitary condition to prevent their becoming in anywise a menace to the health of the traveling public, or disseminators of communicable diseases, is a matter of prime importance in the preservation of the public health of the State. Inspection should be made to ascertain the source of the water supply, the quality of the water, the method of removing waste water, paper, slops, excreta, house refuse, garbage; of the ventilation available and of other conditions relating to the health, sanitary condition and safety of buildings and premises. The rooms, dining-room and kitchen should be screened against flies and mosquitoes. After a general inspection of the building and premises the officer making inspection should issue a certificate reciting in detail the sanitary condition of the premises examined and the certificate be posted in a conspicuous place where it may be easily seen and read by the public. Any failure of occu-

pant to comply with said inspection should be covered with a fine.

I feel that the public is entitled to protection. I was in several hotels last summer where there was a case of typhoid fever, and neither the dining-room nor my bedroom was screened against flies or mosquitoes.

How can the public best be protected against smallpox, the most contagious of all diseases? In vaccination we have the best and strongest ally. Vaccinia has a definite course, and the same may be briefly outlined as follows: First, There are no symptoms during the first three days, except those incident to skin abrasion. This is known as the period of incubation. Second, On the fourth or fifth day there is an area of redness, accompanied by a slight itching and burning sensation about the point of inoculation, which gradually swells into a papule. In a day or two later a clear fluid appears in the papule and increases in size until the eighth or tenth day, when a red zone has developed around its base. Then the part may be swollen hard and somewhat painful, while during this period there may be slight fever. Third, The sore usually begins to fade on the twelfth day, and by the end of the third week a brownish scab usually drops off. Please note the difference in the period of incubation, that of vaccinia being three to four days, while that of smallpox is from twelve to fourteen days. Successful vaccination immediately or within three or four days after exposure invariably effects protection. Example: I had a case to develop in a hospital ward (eruption appeared after two days' exposure), twenty patients and three nurses were exposed to this particular case. The nurses and other patients were vaccinated successfully the day of discovery, the case removed from the ward and no other cases developed. If smallpox breaks out in school vaccinate all pupils immediately and keep brothers or sisters of patient at home and allow the school to continue after fumigation and ventilating thoroughly.

The question of hygiene and sanitation being an educational one, I believe that every physician in every county in the State should see to it that the schools in his county receive a course of lectures on this important subject. This could be accomplished by the County Medical Society volunteering its services or by the County Board

of Education appointing a man, together with making an appropriation of several hundred dollars to cover the expenses incurred thereby.

It would be a progressive step on our part, as physicians to ask that a course on hygiene and sanitation be incorporated in all of our grammar schools.

In my opinion the public school is an unworked field of preventive medicine. Now that paidology, or the science of study and taking care of children is playing such a great part in our educational system, I feel that it would be in order to suggest that we advocate medical examination of our public schools twice per session and oftener, if it is thought best to do so.

In view of the fact that practically all defects found in young children have their telling effects, some mentally and more physically, and knowing that the majority of them are amenable to treatment; and, noting further that these defects as a rule are not discovered by either the child or its parents until, in many cases, much valuable time has been lost and irreparable harm done the patient, I feel that we should use our influence in advocating medical examination of all public school children twice per year for defects of any sort. In this way diseased conditions are discovered and the parents notified. The child has been left to fight its way through school provided with teachers and books, but handicapped by physical defects and preventable diseases. When doctors, parents and teachers all work together we may expect a marked improvement in the schoolroom and also in the character of the children; and in the coming generations better citizens too, for having a sound mind in a sound body.

This medical examination can be accomplished by the County Medical Society tendering their services to the County or State Board of Education, or by the County or City Board of Education appointing men for this special work. The eye, ear, nose and throat men, dentists, physicians and surgeons can share equally in this great service to the State and humanity.

Why not be a "Progressive" in sanitary reform, in sanitary progress, in sanitary teaching and in everything that goes to make up healthful living; why not see that your homes are well screened to prevent flies from carrying typhoid fever, dysentery and consumption germs into your

homes to contaminate your food, and keep the mosquito from entering your homes, to swap a bill full of malaria plasmodia for our precious life blood, the same outclassing any gold brick scheme or horse-swapping coupe on record.

Why not be a "Progressive" and work for instruction in hygiene and sanitation, and medical examination of our public schools, a sanitary privy at every home, inspection of all hotels and boarding-houses and a clean State, sanitarily, as a whole. Let us summarize by saying that "cleanliness is fundamental for all healthful living, and furthermore that cleanliness is next to health." May we not be encouraged by the truthful statement of Pasteur when he said: "It is in the power of man to cause all germ disease to disappear from the world."

THE SURGICAL TREATMENT OF DYSPEPSIA.*

By C. W. ROBERTS, M.D.

The surgical treatment of dyspepsia resolves itself into the correct interpretation of symptoms referred to the stomach and the proper application of appropriate measures for their relief.

Dyspepsia may be defined as impaired or imperfect digestion, and expresses itself in symptoms referable to the stomach. This paper proposes to discuss the relation between certain pathological conditions of the stomach as well as adjacent organs producing symptoms referred by the patient to the stomach and called by the sufferer and oftentimes his attending physician indigestion, when this discomfort is only the result of the real disease and not the cause, the sentinel sounding the clarion note of distress in the neighboring camp, which has expressed itself through the sympathetic nervous system in the stomach.

This form of indigestion is usually spoken of as functional in contradistinction to those arising from excessive or deficient secretion of the gastric juices, impairment of the gastric muscles, inflammation of the mucous lining of the stomach, or that troublesome condition often referred to, but apparently very little understood, known as nervous indigestion, being probably the most accessible link in a chain of neurotic symptoms always

*Read at the Ninth Semi-Annual Meeting of the Eleventh District Medical Society, Valdosta, Ga., November 18, 1913.

associated with and inseparable from the ever-present neurasthenic. I should go wide of the mark if anything I may say in this paper might be construed to be offered as a substitute for the time-honored and intelligent medical treatment of that group of maladies arising from the pathological states last referred to, and desire to be understood as advocating surgical measures only in such cases as originate outside of this group, cases giving referred symptoms to the stomach so often confused with and accepted as coming from local diseased states of the class above mentioned. Indeed, I shall feel well repaid for this feeble effort if in its presentation I may succeed in impressing upon the minds of this association the fact that taking a patient complaining of stomach distress we are confronted by a condition requiring at our hands a very careful differential diagnosis that we may arrive at the truth, and not one to be dismissed with that inheritance of our fathers in medicine conveying by its own inexpressiveness, and acknowledgment of diagnostic defeat, familiarly spoken of as dyspepsia.

It is, therefore, just as grave an imposition on the patient to treat his indigestion medically when it is the result of a surgical lesion as *vice versa*, and if I may be permitted it is my desire to present the surgical phase of this subject in such convincing form as to satisfy the most skeptical among you that there is a large class, an ever-increasing class, of stomach sufferers, that may be relieved by surgery, and by surgery only.

A functional disorder of the stomach from the viewpoint of the surgeon would be such a disorder as fails to show by the proper application of modern methods of precision a local pathologic etiology. It is in this class of dyspepsias that surgery, by the performance of its varied practices applied to diseases of the gall bladder and ducts, cecum and appendix, intestines and female reproductive organs, after due regard has been given to the blood dyscrasies, tuberculosis of the lungs and intestines, Bright's disease and spinal affections, offers its most spectacular services.

Before reviewing with you the leading surgical lesions that so often present themselves to the physician through dyspeptic symptoms wholly, or in part, it has appeared to me as worth while to offer at this time a few facts purporting to explain why such a multiplicity of painful symptoms are referred to the epigastrium. In the language

of William J. Mayo, the stomach has two well-defined compartments: the fundus, into which food is immediately received when swallowed, and whose principal function is that of storage, and the pyloric antrum, furnishing the gastric secretion and the muscular power. The first of these compartments, namely, the fundus, is under the control, more or less, of the cerebro-spinal nervous system, as is manifest by the fact that we are conscious of hunger, a feeling of repletion after a full meal, etc. Of the second compartment, namely, the pyloric antrum, we have comparatively little knowledge or conscious control. Going further, and still in the words of Mayo, the control of the intestinal track, which includes the pyloric antrum, is obtained by means of internal secretions. This control partakes of the primitive man and existed before the cerebro-spinal nervous system was developed, and continues to have paramount influence over the digestive and assimilative functions.

The fundus of the stomach was a late development, and is more or less under cerebro-spinal control. It follows, therefore, that the fundus of the stomach, being under the control of the cerebral nervous system, is the place where the derangements of the entire intestinal track, from the beginning of the antrum to the splenic flexure, may reach the consciousness of the patient. It becomes in this wise the mouthpiece, speaking for ulcers of the duodenum, gall stones, appendicitis, intestinal adhesions and tumors, as well as other diseases of this track and its accessory glands.

We are not concerned in this paper, as above stated, with the gastric manifestations of cardiac insufficiency, arteriosclerosis, cirrhosis of the liver or with the clear-cut crises of locomotor ataxia. Neither would I proclaim surgical measures for gastric disturbances due to chronic dilatation, prolapse and to the gastric neuroses. Indeed, these compose the distinctly medical cases, surgery being much too serious an agent to use as a psychotherapeutic means.

Standing out in marked contrast, however, are the distinctly surgical cases of dyspepsia, and if you will pardon the above generalities I now beg to invite your attention to a brief discussion of the disturbances of the stomach produced by gall bladder diseases, chronic appendicitis, ulcers of the stomach and duodenum and cancer of the stomach, composing the principal members of the

group to be relieved by appropriate surgical methods.

Gall bladder diseases produce four stages of gastric disturbances, based on the degree of severity of symptoms. First, those patients with mild disturbance lightly considered by the patient and rarely submitted to the physician. These attacks are characterized by mild distress in the stomach, gas, upward pressure usually of sudden onset, and relieved by belching or vomiting. These sudden, mild dyspeptic attacks are quite as typical of gall bladder diseases as are the severe typical attacks of gall-stone colic, which, as a rule, supplant the mild.

The second stage is simply an exaggeration of the first, the symptoms being almost identical, except with regard to duration. Certain gastric disturbances are present constantly, there being a prolonged dull pain in the epigastric area or about the right hypochondrium. Periods of absolute relief alternate with those in which the symptoms return in exaggerated form.

The third stage is characterized by the onset of typical gall-stone colic. In this class surgery finds its greatest activity. With a history of long-continued indigestion, followed by the onset of this diagnosis-making train of symptoms, a cure by surgery can hardly be gainsaid.

The fourth stage of disturbances of the gall bladder and its adnexa is characterized by chronic gastric symptoms simulating those of peptic ulcer, from which it can be diagnosed only by a careful history.

Given a patient of long-standing stomach symptoms in which the usual test meal affords no light, it would seem to me that the chief end of service to that patient had been obtained when the necessity for surgery had been realized and the patient sent with a diagnosis of surgical abdominal trouble.

Passing now to the dyspeptic type of chronic appendicitis, suffice it to say that for a long time it has been noted that long-standing dyspepsia was cured in patients who, having been treated for years for stomach trouble, finally came to operation as the result of an acute appendicitis. This very interesting fact has led us to consider always, in trying to arrive at the cause for a given stomach disturbance, the likelihood of a chronically inflamed or adherent appendix being the real pathology. From the Mayo clinic comes a recent report of one hundred and fifteen selected stomach

cases in which ulcer, gall-stones and the usual medical affections had been eliminated by appropriate histories, physical and laboratory investigations, showing 77 per cent. of complete cures, 17 per cent. improved and only 5 per cent. unimproved. In all these patients the predominating symptoms were referred by the patient to the stomach, but relieved by the removal of a diseased appendix, with due regard to cecal and colonic adhesions.

In the handling of gastric and duodenal ulcers a common ground is occupied by the medical and surgical members of our profession. This condition will be mentioned as the purest type of indigestion or dyspepsia. Ulcers of the stomach and duodenum present a clear-cut, definite and regular symptomatology. In this age of early exploratory laparotomy, revealing the pathology which acted as a stumbling block in the past to both clinician and surgeon, it should not any longer be extremely hard for the medical man to correctly diagnose these cases. It will be noted that long before the presence of the ulcer is suggested by vomiting of blood the patient has suffered from the peculiar and characteristic dyspepsia of this disease. In the same way we have learned to diagnose and appropriately handle by surgical measures our cases of gall-stones, while stomach symptoms only are being presented antedating duct obstruction and adhesions about the bladder which produced the yellow-flag warning of our fathers. The dyspepsia arising from this pathology of the stomach or duodenum can be handled by medical treatment when diagnosed early and a strict regime followed. It is in the late cases when adhesions have formed, distorting the pylorus, or obstruction occurred from contraction of scar tissue, that surgery comes into brilliant play. The surgeon, after revealing the real pathology in this group of doubtful stomach cases, enabling the internist to correctly interpret the symptoms when presented and in time to offer a cure by medical means, having thus served the profession in a most signal way, has receded from the ground originally held that all cases of ulcer should be subjected to operative interference, and now advocates this resort when medical measures have failed or complications arisen making it more or less imperative. I will not go into a discussion of whether simple gastro-enterostomy or resection of the ulcer-bearing area should be practiced as a means of cure. At the present time the

question is unsettled, both schools having brilliant men who persistently champion their respective views on the subject.

Passing, lastly, to the question of cancer of the stomach as a cause of dyspepsia, I will say that of all the diseases lurking in this region of doubt and tragedy this should command our most earnest attention. Cancer of the stomach, according to post-mortem findings, stands at the head of the list of carcinomata. Various investigators place the per cent. ranging from 50 down to 25, this being the lowest estimate I have been able to find. To place the subject in a more significant light it has recently been estimated that one out of every 200 patients ill enough to be admitted to a hospital for treatment had cancer of the stomach.

Now, the question that concerns us is, how are we to discover the presence of cancer in order that it may be dealt with before passing into the inoperable type? Answering, I would say, first, we must get ourselves out of the habit of looking upon indigestion as having a definite significance *per se*, and realize once for all that it is a confusing term, presenting a more confusing group of symptoms that can convey no valuable information to an intelligent mind, except that when the patient has it he has some sort of symptom for which he holds the stomach accountable, and quit excusing ourselves for simply prescribing a bitter tonic and letting our patients with indigestion go on failing to realize that back of this complaint and calling in this unpretentious way there is a pathologic cause that demands the very best that is in us in order that it may be discovered and our patient given the benefit of whatever relief may be offered in the particular case.

To give the patient this benefit cancer must be discovered before it becomes palpable, and in not a far distant day it is sane to predict that cancer will be cured by early attack and radical treatment of the preceding lesions, let it be stomach or duodenal ulcer, scar tissue, constant irritants in the form of stones in the gall-bladder or ducts, lacerations of the cervix, chronic appendicitis, growths resulting from injury, superficial warts, moles, etc.

In concluding these rambling remarks upon an interesting and ever-broadening subject, permit me to urge upon you the fact that when a patient presents himself complaining of a group of stomach symptoms we have to consider that these may depend upon lesions in the stomach itself, which

are very few; upon lesions in the gall-bladder, liver, appendix or other portions of the alimentary tract, upon lesions of the nervous system, upon pelvic conditions in the female, or upon certain of the purely medical diseases. Having excluded the disturbances due to general and reflex causes, we may justifiably assert that the stomach itself is the seat of the disturbing pathology, and this being done we are confronted with the strong probability of cancer or ulcer being the true cause leading the patient to seek our aid and counsel.

Concluding, I would say that until laboratory methods are more constantly borne out by the findings at the operating table or in the dead-house, and until more precise diagnostic methods applied to the various abdominal conditions shall have been discovered, when a patient comes to us complaining of pain, uneasiness, dyspepsia, symptoms referred to the stomach or general abdomen, he needs a diagnosis, and if we are able, as we should be, in every case to place ourselves in our patients' position, and still offer the same advice, there is but one way to make a definite diagnosis, and that is by exploratory laparotomy.

EXTRACTS, FROM THE HISTORY OF SYPHILIS.*

BY HERBERT SCHOENRICH, M.D.

Contrary to the customs set by precedent in our Society to limit our literary efforts to papers pertaining to modern medical topics, reports of interesting cases, etc., I shall take the liberty this evening to draw your attention to something which in my opinion has given rise to more controversy than any other subject in the history of our particular science, namely, that of the origin of syphilis.

When we look over the vast amount of medical literature, we will find volumes devoted to this fascinating subject, thousands of opinions expressed by ardent investigators, many observers possessing reasonable proofs of their views, yet the reader is lost to find absolutely conclusive evidence and after all is left to draw his own conclusions and beliefs. I almost feel as though an apology is due in presenting a paper of this kind. However, when we consider the enormous amount of study required by the medical student today and the enormous amount of reading necessary

*Read before the Lister Society, December 8, 1913.

for the physician even to keep partially abreast with the rapid progress of medical literature and science, we find that one is rarely ever able to avail himself the time to wander back into remote literary paths and peruse occurrences of the dark ages of history.

For many years the three venereal affections—syphilis, venereal ulcer and gonorrhea—were not clearly differentiated, but were thought to be fundamentally the same. Syphilis was regarded as resulting from gonorrhea, and venereal ulcer a concomitant of either. Not until the time of Ricord (beginning of the second half of the nineteenth century) were they differentiated as independent maladies. It would occupy too much space to enumerate all the theories, hypotheses, superstitions and fantastic conceptions which have been associated with the origin of syphilis, but suffice it to say in this connection that God, man and beast have been successively saddled with the responsibility for the scourge, and even the planets have been looked upon as the astrological superstition current in the science of the respective age. Whether syphilis had always existed in the Old World, or whether it had its origin in America and brought over to European territory by the crew of Columbus, has many advocates both pro and con. It is not within the scope of this paper to enter into any argument pertaining to this much mooted question, nor to examine the references on this subject critically, but only to present in a concise manner a brief resume of extracts appearing on the history of syphilis. Discussions will naturally arise regarding the nature of the maladies of distant ages and distant regions, and their relations to syphilis. With the history of most every country is connected the name of some plague of malignant disease: In Ceylon we find "parangi;" West Indies and West Africa, "yaws;" in Scotland and Ireland, "sibbons and button scurvy." All have in common that the skin eruption is a fungating one, and many writers regard them all now as "yaws." The dark races especially have a great tendency to frambosiform eruption, i. e., papular hypertrophy; whereas the Europeans are more susceptible to ulcerous inflammation. Yaws is closely related to syphilis. It is unquestionably due to a micro-organism, although its exact nature has not been definitely settled upon. In the lesions have been found bacilli, cocci, spirochetæ

and yeast. Hutchinson believes it to be syphilis modified by unknown conditions.

ANCIENT SYPHILIS.

It was the late Professor J. Parrot of the faculty of Medicine of Paris who first attempted to prove that venereal diseases was in existence during the Stone Age. To quote Buret—"Without permitting himself to be daunted by the incredulous smiles of some, or the lively sallies of others, Parrot maintained his position before and against all, and, thanks to him, prehistoric syphilis has left no doubts except in the hands of the intractable. It is really painful to see the convictions of thirty or forty years overthrown by material proofs which are not as easy to refute as more or less obscure tests. Few minds, even of a superior order, consent to burn their idols, and for want of arguments they quibble, but do not surrender." In Solutre, a locality in the department of Saone-et-Loire, France, have been unearthed all sorts of proofs of prehistoric habitation. Buret says that human *debris* of Solutre appears to belong to a race coming from Asia. Among other things excavated was a female skeleton showing traces of syphilis; according to anthropological authorities, this skeleton is from the Stone Age, the period of primitive man. In his chapter on "Syphilis Among the Chinese, etc." Buret quotes Captain Dabry, who published a very complete work on China, from a medical point of view. It is learned here that the first Emperor of China of whom any information can be found was Chin-nong, who lived 3,216 years before Christ. Later lived Hoang-ty, a thousand years after Chin-nong. At a period not so remote existed the dynasty of Tchou, which began in 1222 B. C. The Emperor Hoang-ty, with commendable interest in the welfare of his subjects, ordered all information bearing on medical matters to be reduced to writing, and in the year 2637 B. C. this was done. Thus at the time when Europeans were living in savagery, the Chinese nation was using its every effort to advance the cause of science. All of the documents collected at this Emperor's instance were incorporated in the celebrated Chinese treatise bearing the name of Hoang-ty-mi-king or medical treatise of Hoang-ty. This treatise dwells on venereal diseases, drawing fairly accurate clinical pictures of gonorrhea and syphilis. Chancre is here described as appearing at the point of inoculation and subsequently the poison spreading

throughout the entire blood. Bubo, so frequently accompanying chancroid; secondary manifestations of lues, and the fact that it can be transmitted from one patient to another, and from parent to child, is also referred to. In those days antedating the Christian era by several thousand years the Chinese employed for therapeutic purposes such agents as "carbonate of soda, sulphate of iron, sulphur and mercury." If we accept this treatise as authentic, then we must believe that more than 4500 years ago the Chinese had reduced to writing descriptions of syphilitic lesions as well as the best treatment for the disease.

SYPHILIS IN EGYPT.

Evidence of syphilis is said also to have been found in ancient Egypt, although here but meagre information is obtainable. Practicing the worship of Phallus, with its history of licentiousness and debauchery, Egypt certainly did not escape the scourge. In their documents (Ebers Papyrus) is mentioned a disease affecting the extremities, joints, eyes and also medical treatment, including superstitions, and mystical formulas.

BIBLICAL SYPHILIS.

That reference is made to venereal diseases in biblical times is generally admitted. Among the writers who have made a critical study of the Bible in connection with venereal diseases may be mentioned Rosenbaum, Dufour, Villemont and others. The first reference to gonorrhea to be found is in one of the Mosaic laws (Lev. xv, 2-3): "Speak unto the children of Israel, and say unto them, When any man hath a running issue out of his flesh, because of this issue he is unclean. And this shall be the uncleanness of his issue: whether his flesh run with his issue, or his flesh be stopped from his issue, it is his uncleanness." In the fifth chapter of Proverbs we find the following: "Keep thy way farre from her, and come not near the doore of her house, lest thou give thine honour unto others, and thy yeares to the cruell, and thou mourn at thine end when thou hast consumed thy flesh and thy body." This, according to Buret, refers to syphilis. He quotes Scripture in a number of instances which seem to point clearly to venereal diseases and their disastrous results. However, since the book is a medley of history and legend, the evidence of syphilis found in the Bible must of necessity be vague; also, the

words used to denote diseases mainly refer to plague and leprosy.

In the hunt for information bearing on ancient syphilis one is impressed with the licentiousness and absolute depravity of the people who made early history and a comparison of their morals with those of modern nations is not entirely in favor of the former, even though we are tending to a more and more liberal interpretation of the moral laws. Immorality was rampant and bestial practices common. Among the Hebrews certain regulations favored the spread of venereal contagion; Prostitution among them being prohibited, they resorted to strange women—women without religion. Thus, they visited the Midianites and the daughters of Moab. It was the latter who initiated the Jews into the worship of Baal Peor, who, according to Rosenbaum, signified the god Penis, the Priapus of the Greeks. The temples where such worship was held were given over to the most revolting licentiousness. Here orgies of the most vicious sort were indulged in. They were veritable pest spots, the breeding places of venereal diseases. Such unbridled immorality is always favorable to the propagation and spread of loathsome diseases and, in this instance, infections originating in the worship of Baal Peor were truly an epidemic of the most terrifying proportions and, in truth, became known as the plague of Baal Peor. In time venereal diseases became so prevalent that, to stem its progress, all men who had visited the daughters of Moab were killed at Jehovah's command. He said: "To appease my anger, let each chief of the tribes sacrifice those of his tribe who have gone over to Baal Peor." The Bible tells us that finally the plague was stamped out after 24,000 lives had been sacrificed. This is supposed to have occurred in the year 1451 B. C. However, the terrible lesson was soon forgotten, for later worship of Baal Peor again commenced. Then war was declared against the Midianites because they had seduced the sons of Israel. This was conducted with orders to kill all males and those women who had known men carnally, female children and young virgins alone excluded.

SYPHILIS AMONG THE HINDOOS.

Similarly as the Jews worshiped Baal Peor, the Hindoos prayed to the idol Lingam. It is in their collection of religion, literary and scientific works—The Vedas—that we shall find much of more

than passing interest. A poem, a book, a tablet, a temple, anything that bridges the gap between the present and the days of old, holds us with entrancing wonder. The worship of Lingam, as practiced by the Hindoos, was a sex worship, so common with the early nations, and in our eyes but very little removed from gross immorality. Their worship and prostitution dovetailed into each other so intimately that the one can scarcely be considered without the other. Dufour has divided the "oldest of traffics" into hospitable, religious and legal or political prostitution. In whatsoever land where prostitution flourishes and becomes one of its institutions, there we find venereal diseases in all of its distressing forms. It is inconceivable that unrestrained sensuousness could exist without its usual concomitant—syphilis—manifesting itself in a marked degree. Just as among the early Jews the worship of Baal Peor was nothing but the rankest prostitution, so likewise, on the other side of Asia, the so-called worship of Lingam degenerated into the wickedest of sensual practices. Custom required young girls to offer their virginity on the altar of Lingam, and since this idol could not descend from his stand and take the offering so innocently tendered, it was done by proxy, the priests of the temple performing the duty, a task that in all probability was to their liking. At any rate we can readily believe that there was never a dearth of priests on hand to perform the function. Since these Hindoos were a voluptuous people, it does not require any great stretch of imagination to believe that virgins were not the only class of women who sacrificed their charms at Lingam's altar. Thus we can readily see that temples of Lingam became bawdy-houses and venereal infection must have become common among the priestly attendants. Each one was probably a live focus of infection. Buret quotes Rosenbaum, who says: "In antiquity, like today among savage nations, the menstrual blood, like that which flows as the result of defloration through the rupture of the hyman, and the act itself, were considered unclean. The dwellers on the coast, who had more frequent relations with strangers, abandoned the act of defloration to the latter; in the interior priests discharged this task for the people of quality." The point of value in these references is that with such looseness of morals, venereal diseases—gonorrhea and syphilis—must have existed to a most alarming degree. If

such holds good with us, we who pride ourselves on our superior civilization and knowledge, what must have been the conditions, from a venereal standpoint, among nations whose moral sense was so blunted as to sanction such promiscuous relations?

SYPHILIS OF ANCIENT ROME AND GREECE.

In ancient Roman and Greek writings the barest references are made to morbid processes which might be accepted as manifestations of venereal affection. These writings are so vague that a critical mind would be almost at a loss to find convincing evidence of syphilis as occurring in antiquity among these people. In Juvenal there may be found an allusion or two which relates to "some disgusting disease" which seems to bear a slight resemblance to syphilis. Celsus, while mentioning diseases of the generative organs, does not clearly ascribe them to impure relations. This latter author approaches the subject of private diseases with a feeling of fastidiousness which prompts him to offer apologies for discussing the subject at all. Celsus describes a condition affecting the male organ which he calls *inflammatio colis*; from the picture he draws, it is said to refer to *phimosis*. He also wrote of what he called *elephantiasis*, and some syphilographers of subsequent periods, even down to the present day, have seen in his descriptions of this disorder a similarity to some of the graver manifestations of syphilis. In view of the well authenticated corruption of the Roman Empire, a state of affairs permeating every stratum of society, from royal circles down to the most humble grades, it is almost inconceivable that the immorality of the period was not marked by widespread venereal infection, and it must ever remain an inexplicable mystery why the early Roman and Greek literature contain such a paucity of references to venereal diseases.

SYPHILIS IN THE WESTERN HEMISPHERE.

That syphilis existed in the Western Hemisphere in pre-Columbian times is agreed by the majority. Vestiges of the disease having been observed in parts of South America, largely in the archipelago of the Antilles; in Mexico, where it played a part of the Mexican myths; and according to Joseph Jones, prehistoric bones showing distinct traces of syphilis have been discovered in the mounds and graves of Tennessee. As an illustration of the divergence of opinion, Murillo

Velande believes that the disease was carried to continental America from Spain, saying that in these countries (America) it was not known down to the coming of the Spaniards. With syphilis in Mexico is connected the name of Father Sahagun, who came to Spain eight years subsequent to the Spanish conquest, and who gathered his knowledge directly from the natives. Natives dying a natural death were cremated and went to the realms of Mictlantecatl, those dying of syphilis went to Tlalocan and were buried. Syphilitics were not honored by cremation, so they were not deemed worthy for religious sacrifices. Slaves in the market of Azcaputzalco, and Jzocan who were afflicted with syphilis, were not bought for religious sacrifices. Syphilitics and "lepers" are especially mentioned as dancing around the statue of Tlaloc at the every eighth year festival. These dancers were masked as animals, birds and sick men. The Mexicans, according to their superstition, believed syphilis to be a punishment of the Gods for neglect to perform certain religious rites. Those who did not take the festival bath for forgiveness of sins were threatened by the priests with syphilis or some other disease from the Gods. Syphilis was considered as a punishment sent to lustful men by the God Tezcatlipoco (who presided over diseases) for not restraining their passions preceding the religious festivals. Women were punished with syphilis by another God for tolerating the embraces of men during the festival of Xicomexachitli.

The disease also prevailed on the Isthmus, and Haiti; and according to Oviedo and Las Casas, distinct secondary and tertiary manifestations were common on the natives of these countries as well as Mexico.

Peruvian history is most fascinating. The Incan and Pre-Incan civilization, dating back thousands of years, offers most interesting reading. My brother who has just returned from an extended journey through South America brought me an Incan skull showing the now extinct inca bone, and which I take pleasure in exhibiting here. However, as we are only interested in syphilis in connection with Peru, I may say that it seems as though this malady had a somewhat later origin in this country. Several chronic wasting diseases are described, mutilating mostly the nose and upper lip. The most prevalent disease was "Uta," possibly combined with syphilis, sym-

bolic representations of their symptoms being seen on the famous Peruvian potteries.

The argument has been advanced that syphilis first originated in Asia in most remote ages, and that the primitive populations brought it to America by way of Behring Strait, and when Alaska (what now forms the Aleutian peninsula) was still connected to Siberia. Ashmead disproves this theory by pointing out the absence of evidence in Alaska of any migration from Asia to America. He asks: "Must we believe then that because in China, in Japan, or in Persia, and among the Jews everywhere, we find vestiges of this disease as having existed in most remote times, we therefore must admit that syphilis came to America by contact with all those people?" When we study the question of possible contact between the New World and Asia, we find that there is no evidence whatever to make us believe that there was a migration of man or anything pertaining to any of his culture states from China to America. The musical instruments of the New World had various forms of whistles, flutes, rattles, spit-bells and drums, made with human, as well as animal skins, but we seek in vain for a stringed instrument of any kind. In Japan evidence of stringed instruments run back to the third or fourth century of our era; and in China the Kin (five strings) and Seik (13 strings) were known a thousand years before Christ. They were played in the temples of worship, at religious rites, times of offering, etc. Furthermore, in China 1100 B. C. there were carriages constructed for ceremonial usages. If from this early date in China, down to the fifth century A. D., 500 years before the Incasic Empire began, any people from China had found their way hither, one wonders why the wheel was not introduced. One would also think that leprosy, which dates back to time immemorial, as well as syphilis would have accompanied the migration hither. But to avoid historical controversy, is it not more reasonable to believe that the same fount which produced syphilis in the most ancient human races of Africa, of China, of Chaldea, etc., produced it also in America? It has been intimated the possibility of it originating the same everywhere, perhaps by incestuous practices with some animals.

MODERN SYPHILIS.

The terrible epidemic of the fifteenth century was an epoch-making event in history. Charles

VIII, in his wars to gain Naples from the Spaniards, drew down unspeakable miseries upon the wretched Italians. His armies are reputed to have indulged in every excess of unbridled license and rapine; and it was during the siege of Naples that the venereal diseases broke out epidemically. It is here, according to some writers, that syphilis first made its appearance. Its frightful ravages and disgusting character immediately gave rise to the belief that it was a new scourge, sent especially as a punishment for the debauchery and prostitution of the period, each party retorting on the other the charge of having introduced it, and styling it *Morbos Gallico* or vice versa *Mal de Naples*, according to the nation to which they belonged. No class seems to have been exempt from it. As generally happens with new diseases, whether from fear or ignorance of the means to control them, it was represented that the affliction was of a malignity never known before. The disease spread rapidly throughout Italy. Italian chronicles enabling one to follow its triumphal march; everywhere the well-known dates 1494-1495 are given. By June 1495, syphilis had already penetrated to the northernmost part of the Apennine peninsula, to the borders of France, Switzerland and Germany.

The first authentic allusion to the disease in France is the ordinance of the Parliament of Paris, dated 1497, ordering all persons attacked by the "large pox" to vacate the city within twenty-four hours, and not to return till they were cured; providing a sort of hospital for those who could not move, and appointing agents to bestow four *sols parisis* on the exiles to pay for their journey. Fracastor, in his essay, describes the pathetic picture of the wretched victims so affected. At first they were left to the tender mercies of quacks, charlatans, barbers and old women, but at the beginning of the sixteenth century the extent of the mischief provoked sympathy from the physicians, who at first refused to treat patients assailed by this new plague, and soon after treatises appeared on the subject. After the passage of the law in 1497 a house in the Faubours Street Germain was appropriated to the reception of victims of syphilis; but little was done in the attempt to cure them. They were left to die, or to quack themselves. Conditions were horrible and not for many years afterwards, and after Parliament interfered, was improvement established.

The disease spread rapidly into England and Scotland; according to Grunpeck, English soldiers, fighting in Italy as mercenaries, acquired syphilis there and brought it to their countries. King James became highly interested in this apparent new ailment, and offered free treatment to the unfortunates so affected. Its malignancy became more and more noticeable, and in a comparatively short time, hundreds being victims. In an effort to check this vulnerable spread, on September 22, 1498 James IV published a decree ordering all persons suffering from syphilis to leave Edinburgh. They were taken to an isolated spot (island opposite Leith), and there treated. The punishment of being "branded on the face" was inflicted on those found in town. Thus you see the present epidemics of attempts to stamp out the social evil is nothing new and our present vice crusaders were antedated by the actions of James IV.

Simultaneously outbreaks were observed in Africa; in China, brought there by the Portuguese; and in fact it is a question whether there is a spot on our terrestrial sphere which has ever escaped.

The fact that the disease was observed and had rapidly extended over Europe at this period, about the time when Columbus returned from his first expedition to the new world, inspired the belief that his companions and the few Indians whom he took with him, were the introducers to the old world of the terrible evil. There being little known of this disease's nature, or even of its objective manifestations, at this epoch, when the mysterious and the supernatural had great acceptance, seeing that its contagiousness was so exaggerated it was believed to treat of some divine punishment, a real pest of the style of the black plague, which had earlier originated in the Orient and had desolated Europe long before in 1348, and therefore they thought that this newer one like the other, must have come from some other world. This belief, and the recent discovery of America were facts readily associated by the conception of the popular mind, and hence America was accepted as the nationality of *morbus venereus*.

Fracastor pointed out, as reason for not admitting its American origin, among other things the difficulty to accept the proposition that so few individuals as has accompanied Columbus could have been the only fount for a disease which

spread so rapidly in so many countries at the same time. For syphilis had appeared in Italy then simultaneously, or nearly so, as it had in Spain, in France and in Germany. And this one fact made it difficult for him to think that such a small number of Indians (all of whom could certainly not have been syphilitic) had infected, in such a short time, those different populations. To explain this the partisans of the belief in an American origin of syphilis appealed to the fact of the existence in Italy at the very time that the disease was brought there, of armies of Spaniards and of Frenchmen, besides mercenary bands of considerable strength, accompanied by a great following of women all who afforded a most favorable opportunity for an epidemic outbreak; thus spreading the disease there and transporting it on their return home to their respective countries.

Iwan Bloch, who upholds the recent origin of syphilis, bases his reasons upon, that the available information bearing on its antiquity is unreliable, and that many of the bones unearthed claimed to be luetic were rachitic, others arthritic deformans, and those which were truly syphilitic, dated after the end of the fifteenth century. Moreover, syphilis being most virulent on virgin soil, hence the epidemic in Europe when the poison was brought over and the sudden appearance at that time; the absolute ignorance prevailing among the people affected. Again, at the time of Columbus' arrival in America, the Indians were already in possession of complicated methods of its cure, consisting of guaiacum and other vegetable beverages, hydrotherapy and dietetic measures. The opponents of Bloch's views regarding the "virgin soil" theory of Europe, maintain that prehistoric and ancient syphilis produced a general immunity which lasted for centuries but which became materially lessened at the time of the fifteenth century.

Though the actual time, and place that this disease had its origin may never pass beyond the controversial stage and be definitely settled, we of this particular age, have the great satisfaction to know that, though the history remains obscure, the last ten years marvelous strides have been made in the exact etiology, early and late recognition and that the profession is utilizing these facts to make the treatment so radical that the cure will not be apparent but real.

I may say that I am indebted for my informa-

tion on this subject—which I have freely consulted and in several instances using the exact phraseology—to the following sources:

- (1) Historical columns of the Urologic and Cutaneous Review.
- (2) System of Syphilis, D'Archy Powers and Murphy.
- (3) Marshall, Treatise on Syphilis.
- (4) Sanger, History of Prostitution.
- (5) Albert S. Ashmead's contributions to the Urologic and Cutaneous Review.
- (6) Buret, on Ancient and Prehistoric Syphilis.
1134 Linden Ave.

Dr. Harry Adler, class of 1895, professor of therapeutics and clinical medicine, has been elected president of the board of directors of the Hebrew Hospital and Asylum for the ensuing year.

A series of lectures under the department of university extension were delivered at St. John's College during the Lenten season. The first lecture was delivered in McDowell Hall Monday night, March 3. The theme was "George Meredith, Contrasted with Thomas Hardy," by Louis U. Wilkinson. The other lectures will be as follows:

March 9—"Where the Gun Is King; Sport and War in Central Africa," by R. Dorsey Lorraine Mohun, fellow of the Royal Geographical Society.

March 16—"A. Charles Swinburne," by Louis U. Wilkinson.

March 23—"Rome, the Eternal City, Old and New," by Dr. Arthur S. Cooley.

March 30—"Lloyd-George," by Louis U. Wilkinson.

April 6—"Egypt, Old and New," by the Rev. John Roach Straton of Baltimore.

In his monthly report to the Mayor and City Council of Baltimore, Dr. Nathan R. Gorter, Health Commissioner, class of 1879, makes the following announcement: "The physicians of Baltimore are hereby notified that the Health Department is prepared to furnish free vaccine for the prevention of typhoid fever. The efficacy of this method in greatly lessening the chances of developing typhoid fever has now been proven, and it is hoped that the profession will avail themselves of the opportunity of administering this treatment in order to lessen the prevalence of typhoid fever."

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, APRIL 15, 1914.

THE MARYLAND STATE UNIVERSITY.

As was predicted in a recent issue, the bill for the establishment of the Maryland State University passed both branches of the Legislature, and has been signed by the Governor. It was feared that influences unfavorable to the establishment of a university under the auspices of the State might have sufficient pull to defeat this widely-demanded enactment, but such did not prove to be the case. The institutions mentioned in the charter are St. Johns, Washington, Western Maryland and Blue Ridge colleges, the professional schools of the University of Maryland, the College of Physicians and Surgeons and the Maryland Medical College. The right, however, to affiliate other schools, both secondary and collegiate, as well as hospitals and special institutes of one kind and another, is granted. The State University is to be governed by a board of regents consisting of the Governor, Comptroller, State Superintendent of Education and six persons, one from each Congressional district of the State, appointed by the Governor, and two representatives of each affiliated institution. The State, therefore, will have a large influence in the management of the university, while no affiliated school can have more than two representatives in the board of regents. A separate item is inserted in the omnibus bill appropriating \$15,000 yearly for medical education and \$5000 yearly for administration. This has not yet been signed by the Governor, and, until it has been,

there is uncertainty in regard to the appropriation. The State University as at present constituted is more or less tentative, but it is hoped that in a few years a closer union between the schools will be effected. A beginning has been made, and we believe the necessity will become more and more apparent that the State shall control higher education as well as secondary instruction. Some of us have worked to this end for several years, and it is gratifying that success has at least been measurably attained.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	86 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	115 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00
1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00
1899.....	55 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	240 00
1907.....	120 00

1908.....	50 00
1909.....	65 00
1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	19 85

Total to April 1, 1914.....\$10,755 02

NEW SUBSCRIPTIONS IN MARCH, 1914.

Dr. Julian Mason Gillespie, 1909.....	\$25 00
Dr. Philip Lee Travers, 1902.....	25 00

Total for Month.....\$50 00

Faculty of Physic Fund to April 1....\$20,483 63

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
 Dr. Nathan Winslow, \$10.
 Dr. D. W. Cathell, \$10.
 Dr. Eugene Kerr, \$10.
 Dr. Randolph Winslow, \$10.
 Mrs. Randolph Winslow, \$5.
 Dr. Hiram Woods, \$10.
 Dr. J. W. Holland, \$10.
 Dr. J. Mason Hundley, \$10.
 Mrs. Nathan Winslow, \$1.
 Dr. Joseph E. Gichner, \$1.
 Dr. Ernest Zueblin, \$5.
 Dr. Edgar G. Ballenger, \$10.
 Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.
 Henry P. Hyinson, Phar. D., \$10.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ITEMS

We are glad to learn that Miss Stella Rickets, University Hospital Training School for Nurses, class of 1911, who was operated on for appendicitis at the hospital last month, has recovered.

We are glad to note that Dr. Charles L. Mattfield, class of 1886, of Catonsville, Md., former president of the Board of County Commissioners, who was operated on recently, has recovered.

Dr. and Mrs. Joshua Rosett, who were married recently, have taken an apartment in the Anneslie, 1203 N. Calvert street. It is understood that Dr. Rosett has abandoned the idea of going to New York to study, but will take a course in psychiatry at the Johns Hopkins University instead.

Dr. James A. Nydegger, class of 1892, surgeon, U. S. P. H Service, professor of tropical medicine, has returned to the University Club after a month's absence in Florida and other places in the South.

Dr. Josiah S. Bowen, class of 1903, of Mt. Washington, Md., and Mrs. Bowen were host and hostess, respectively, at a beautiful Valentine dance given in honor of their young daughter, at the Casino, February 14.

Dr. Horace M. Simmons, former editor of the *Maryland Medical Journal*, and later associated with the *Hygienic and Dietetic Gazette*, and Mrs. Simmons, who have been spending some time in California, sailed on March 5 on board the "Mongolia" for Honolulu. They will also visit China and Japan.

At the Fourth Annual Health Conference of the Medical and Chirurgical Faculty of Maryland, held in Osler Hall, 1211 Cathedral street, the week beginning March 9, our alumni served upon the following committees:

Public Instruction—Drs. Albert H. Carroll, class of 1907, and Joseph E. Gichner, class of 1890.

City and State Department of Health—Drs. John S. Fulton, class of 1881; William R. Stokes, class of 1891, and William T. Watson, class of 1891.

A verdict of \$6000 damages was obtained in the Superior Court by Mrs. Sally Stirling Sadler in her suit against Dr. George H. Riggs, class of 1891, of the Riggs Sanitarium at Ijamsville, for alleged assault and unlawful detention in his sanitarium. The patient was admitted to the sanitarium on voluntary commitment for six months, and before the expiration of this time she was certified to as insane by two physicians. Judge Bond granted an instruction to the jury asked by Alfred S. Niles and E. Walton Brewington, counsel for Mrs. Sadler, that the "incontrovertible evidence established that she was unlawfully confined and detained by Dr. Riggs against her will in his sanitarium, and the verdict should be for such amount as they may find under the instruction of the court."

Dr. Randolph Winslow, president of the Medical and Chirurgical Faculty, and Dr. Hiram Woods appeared before the First Branch of the City Council and spoke in favor of the ordinance which gives the health commissioner and his deputies the power to examine a person to determine whether or not he has been vaccinated successfully. New cases of small-pox are being discovered every day, and the situation is by no means yet in hand. With the twenty-four additional vaccine physicians at work, a thorough campaign is being undertaken by the Health Department to vaccinate every person needing it.

Dr. S. L. White, Baltimore Medical College, class of 1893, is vice-president of the Louisiana State Board of Medical Examiners, and is located at Ruston, La. He has just recently become a member of the General Alumni Association.

The annual banquet of the Alumni Association of St. John's College was held at 7 o'clock Saturday, February 14, at the Belvedere. Dr. Thomas Fell, president of the college, was one of the speakers. Dr. James A. Nydegger, class of 1892, was elected president for the ensuing year.

The 11th annual meeting of the Maryland State Associations of Graduate Nurses was held at Osler Hall, 1211 Cathedral street, on the afternoons of January 28 and 29, Mrs. E. P. Clarke, president, in the chair. On the afternoon of the 29th a demonstration of nursing methods was held in the medical amphitheater of the Johns

Hopkins Hospital, and on the same evening at Osler Hall. Later a reception was held and refreshments served. Mrs. E. P. Clarke was elected president for the ensuing year, and Miss E. C. Lee, treasurer.

We are glad to learn that Miss Laura Chapline, University Hospital Training School for Nurses, who has been ill for some time at the hospital, is improving, and we all wish her a speedy recovery.

Dr. Herbert Bates, class of 1907, of Millington, Md., was a recent visitor to the University.

At the annual meeting of the Baltimore County Medical Association, held at Catonsville, January 21, 1914, Dr. George W. Dobbin, class of 1894, of 56 W. Biddle street, delivered the principal address. Dr. Carville G. McCormick, class of 1890, of Sparrows Point, was elected president for the ensuing year; Dr. J. Carroll Monmonier, class of 1897, of Catonsville, secretary, and Dr. F. S. Eldred, class of 1891, of Sparrows Point, treasurer.

Miss Ethel N. Browne, daughter of Dr. B. Bernard Browne, class of 1867, of 510 Park avenue, has been awarded the Sarah Berlinger Research Fellowship for Women. The value of the fellowship is \$1000, and it is given for research work in physics, chemistry or biology in this country or Europe.

Miss Browne is a bachelor of arts of Goucher College of the class of 1906. She studied biology under Professors Wilson and Morgan at Columbia University, following her graduation, and held the Baltimore fellowship in science at that college. She received her master of arts degree from Columbia in 1907, and her degree of doctor of philosophy in 1912. The fellowship will be used by Miss Browne for foreign study. She will probably spend the year at the University of Wurtzberg, studying under Bovert. THE HOSPITAL BULLETIN desires to congratulate Dr. Browne upon his daughter's selection.

Among those who exhibited dogs at the 38th annual dog show of the Westminster Kennel Club in Grand Central Palace, New York city, was Dr. Robert Lee Hammond, class of 1882; of Frederick, Md. Dr. Hammond owns two of the most valuable dogs in the world—two English setters,

Lord Baltimore, valued at \$15,000, and Nancy Hammond, valued at \$10,000, which were among the most admired dogs at the show.

Dr. Sidney H. Adler, class of 1907, of 2493 Broadway, New York city, who has been assistant to Dr. Samuel G. Gant of that city, has been appointed proctologist at the West Side German Dispensary.

Dr. Edward A. Looper, class of 1912, of 37 W. Preston street, announces that his practice is limited to the eye, ear, nose and throat. Office hours, 8 to 12 A. M. and by appointment.

Among the recent visitors to the University were Drs. Wilmer M. Priest of Sunbury, Pa., and James F. Magraw of Perryville, Md., class of 1909; A. L. Webster of Aberdeen, Md., class of 1911, and Gerardo Vega y Thomas of Cuba, class of 1912.

Dr. Charles L. Joslin, class of 1912, is taking a special course in medicine at the Johns Hopkins Hospital.

Dr. Darius C. Absher, class of 1909, of Mt. Airy, N. C., has been doing good work on the Hookworm Commission as dietetic director in North Carolina.

Dr. Edwin Paul Kolb, class of 1912, is an assistant at the Iola Sanatorium, Rochester, N. Y. With 100 beds, all filled, he expects an extra building to be erected in the spring to cost \$75,000.

Miss Ruth Kuhn, University Hospital Training School for Nurses, class of 1905, superintendent of nurses of the Atlantic Coast Line Hospital, Waycross, Ga., has resumed her work, after several weeks' illness at the hospital.

Dr. Henry Edwards Palmer, class of 1892, is located at Tallahassee, Fla.

At the regular meeting of the University of Maryland Medical Society, held in Chemical Hall, Monday, March 16, 1914, at 8.30 P. M., Dr. C. Hampson Jones, Assistant Commissioner of Health of Baltimore, gave an interesting talk with lantern slides on "Small-pox;" Dr. Wilbur Stubbs, on "Diphtheria," and Dr. John F. Hogan,

superintendent of Sydenham Hospital, on "Scarlet Fever." Dr. Albert Hynson Carroll, president of the society, presided.

Miss Sophia F. Hessler, University Hospital Training School for Nurses, class of 1913, is doing substitute work in the Instruction Visiting Association.

Miss Margaret G. Laws, University Hospital Training School for Nurses, class of 1913, is substituting as superintendent at the Marine Hospital, Crisfield, Md.

Dr. Frederick Caruthers, class of 1892, of 2229 East Baltimore street, who for the last seven weeks has been in Franklin Square Hospital undergoing treatment for an abscess of the jaw, has sufficiently recovered to leave the hospital. His many friends are glad to learn that he is doing so nicely.

Dr. Lee Cohen, class of 1895, of 1820 Eutaw Place, had a narrow escape from injury a few days ago, when his automobile which he was driving was struck by two cars at Caroline and Chase streets. No one was hurt, but the automobile was badly damaged, especially at the mudguards and running-boards. The fenders of the cars were also damaged.

We are glad to know that Dr. Samuel C. Chew, class of 1858, who has been ill at his home, 3 Midvale road, Roland Park, is recovering.

Dr. Thomas Fell attended a dinner given at the residence of Cardinal Gibbons on February 9.

Dr. Marshall B. West, class of 1901, of Catonsville, Md., has recently established a small-pox hospital at Ilchester, where there are four patients, and one at Hillsdale, with nine patients.

At the annual meeting of the Board of Managers of the Baltimore Manual Labor School for Indigent Boys, held recently, Dr. Joseph T. Smith, class of 1872, of 1117 North Eutaw street, was re-elected president. He was also named one of the directors.

Dr. William Joseph Coleman, class of 1908, superintendent of the University Hospital, who

has been suffering with an attack of the grip, has entirely recovered and assumed his duties at the hospital.

Dr. Charles Wesley Roberts, class of 1906, is located at Douglas, Ga.

The appropriation to the University Hospital by the General Assembly of Maryland for each of the fiscal years 1915 and 1916 is \$20,000. Said hospital must provide for one patient at a time from each Senatorial district of the State, and must satisfy the Comptroller that it has done so. The appropriation to the University of Maryland Lying-in-Hospital is \$4000.

Dr. William Kelso White, class of 1902, and Mrs. White, of 1819 North Charles street, gave a dinner March 14 at the Baltimore Country Club. Covers were laid for twenty couples. Beautiful decorations of spring flowers were on the tables. Dancing followed the dinner.

Dr. James A. Nydegger has returned to his home at the University Club after several days spent in New York.

Among those who wrote letters approving the movement of the Drug Clerks' Association of Maryland to obtain better working hours and representation on the State Board of Pharmacy was Dr. Hiram Woods, class of 1882. The association is endeavoring to obtain a uniform workday of not more than ten hours and not more than six days a week and representation on the State Board of Pharmacy.

Dr. William Michel, class of 1912, who was formerly located at 1937 W. Baltimore street, has moved to Frostburg, Md., where he is practicing his profession.

Miss Pearl L. Rush, University Hospital Training School for Nurses, class of 1913, is located at 406 N. Carrollton avenue, Baltimore, Maryland.

Dr. William T. Watson, class of 1891, is chairman of the Anti-Noise Committee of the Baltimore City Medical Society, and Dr. Henry Lee Smith, class of 1894, is secretary. Others on the committee are Drs. John B. Schwatka, class of

1882, and Harry Hyde, class of 1899. Dr. J. M. Delevet, class of 1903, is a member of the Advisory Board to the Anti-Noise Committee.

Dr. Russell H. Dean, Jr., class of 1912, is located at Cedar and Monroe streets, Jacksonville, Florida.

Dr. Baird U. Brooks, class of 1905, of West Durham, N. C., recently read a paper at the Sixth District Medical Society in Durham, N. C., entitled "The Thyroid Pituitary Gland in Obstetrics."

BIRTHS

To Dr. Jacob Wheeler Bird, class of 1907, and Mrs. Bird, of Sandy Spring, Md., March 9, 1914, a son—Jacob Wheeler Bird, Jr.

DEATHS

Dr. Matthew James McKinnon, class of 1853, of York, Pa., died at his home in York, February 23, 1914, aged 82 years. Dr. McKinnon was a member of the Medical Society of the State of Pennsylvania; surgeon of the Forty-third Pennsylvania Volunteer Infantry during the Civil War; at one time city treasurer of Hagerstown; one of the organizers and for several years president of the York County Medical Society; one of the founders of York Hospital; for nearly forty years local surgeon for the Pennsylvania system, and for two years a member of the Pennsylvania Legislature.

Dr. John W. Getzendanner, class of 1870, of Myersville, Md., died at the home of his daughter, near Middletown, March 11, 1914.

Dr. Henry Tucker Harrison, class of 1874, of Club Hill, Harford road, Maryland, one of the best known physicians of Baltimore county, died at his home March 4, 1914, aged 70 years. Dr. Harrison was connected as resident physician with the Maryland School for Boys and was a member of the Baltimore County Medical Society.

Mrs. Dora I. Richardson, wife of Dr. Thomas L. Richardson, B. M. C., '98, quarantine physician, died March 3, 1914. The HOSPITAL BULLETIN desires to express its sincere sympathy to Dr. Richardson.

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No. 3

TUMORS OF THE LUNGS—A CASE OF SARCOMA WITH REPORT ON NECROPSY.*

By H. J. MALDEIS, M.D.,
Pathologist to the University Hospital.

Benign.—The lungs are not a frequent seat of benign tumors. Those which occasionally occur are chondroma, which at times exhibits signs of malignancy, enchondroma (undergoing ossification), osteoma, hydatid cysts, gumma, myxoma, fibroma, lipoma and adenoma (Chiari). Adenorrhodomyoma (Zipkin) and rhabdomyoma (Helbing) have been described. Dermoid cysts or teratomata do not as a rule originate in the lungs, but may occur as extensions from the mediastinum. "A few cases are on record of the epithelial tissue within dermoid cyst taking on carcinomatous development."

Malignant.—May be primary or secondary. Primary sarcomas may arise from lymphoid structures (lympho-sarcoma) of the bronchi or from the glands, particularly at the root.

From lymphatic vessels, endotheliomas, subpleural and inter-lobular connective tissue. May include round, spindle or mixed cell variety. Primary carcinomas arise from the mucous glands of the bronchi and may be of the round or cuboidal variety. May also start from the squamous cells of the alveoli of the lungs, according to Neumeister, Musser and others. Fraenkel believes that they arise as a general rule from the bronchial epithelium.

The secondary growths may have their primary seat in the breast, digestive tract, testis and

bones, the last having the lungs as its elective seat.

The chorio-epithelioma, which resembles carcinoma more closely than sarcoma, involves the lungs secondarily in about 50 per cent. of cases.

Encephaloid or medullary cancer is the form which most frequently reaches the lungs by metastasis. In Woolley's collection of 22 cases of hypernephroma, 13 showed metastasis in the lungs. Cystic adeno-carcinoma, containing colloid material, occur as secondary growths.

Statistics.—Primary malignant growths are rare. In 21,034 necropsies at Munich, Perutz found only 17 cases of carcinoma. Pässler's series (Breslau) of 9246 cases, 20 were malignant; of these 16 were carcinoma and only 4 sarcoma. According to Drs. Rolleston and Trevor, this list is too high. They believe that carcinomata do not occur more frequently than sarcomata. Osler states "that sarcomas are less frequently met with." In a report of St. George's Hospital, of 3983 necropsies only 3 are reported as being sarcoma, 2 sarcoma of the bronchi, 2 carcinoma of the bronchi, and no carcinoma of the lungs. They contend that all malignant tumors of the lungs are sarcomatous, and that carcinoma really arises from the epithelium of the bronchi.

Age and Sex.—In the 60 cases collected by Drs. Rolleston and Trevor, 47 were males and 13 females. In Pässler's series 73 per cent were males. They occur earlier in life, even early childhood, as compared to malignant tumors generally. In this series 50 were over 40 and 10 under.

Metastasis.—Are rare in sarcoma of the lungs, and often may be absent. May occur, however,

*Read before the Clinical Society of the University of Maryland. Assisted at necropsy by Dr. M. L. Lichtenberg.

in the mediastinal glands. Drs. Rolleston and Trevor only noticed it twice occurring in distant organs. In carcinoma, metastasis is frequent in distant organs.

Association with Tuberculosis.—Osler mentions the fact that sarcoma may resemble tuberculosis. The coexistence of malignant tumors and tuberculosis, while rare, is, however, possible, and in some cases the tubercle bacillus was demonstrated. Schwalbe, Hildebrand, Seigert and Ribbert cite cases in which tuberculosis and malignant diseases were associated in the same lung.

Anatomical Characteristics.—Primary malignant growths usually occur as a distinctive tumor and are confined to one lung. They may extend from the root to the middle of the lung, or may be multiple, disseminated and infiltrative, involving the whole or part of one lung.

The secondary growths are tuberous and nodular in form, and usually affect both lungs. In appearance are not unlike tuberculosis of the miliary form, and have been spoken of as "miliary carcinomatosis."

May be soft, friable or firm, and the color varies from white to yellowish-white.

The lungs may remain normal in size; as a general rule are increased, at times diminished.

The shape may be altered, due to contracture, and may be noticed particularly when the pleura is involved, because of connective tissue bands extending between these parts.

Congestion and compression of uninvolved parts may be observed. Then, again, may be normal in appearance. Gray hepatization was reported in one of J. S. Stevens' cases.

Hemorrhage and infarctions occur occasionally, likewise inflammation and suppuration. Other changes of a destructive character are necrosis and softening with cavity formation. Abscess occurring at the base may simulate an empyema. Hemorrhagic pleural effusion have been reported.

Necropsy.—Mrs. M. S. White woman, age 61. P. M. about 20 hours after death. Length, 5 feet 4 inches. Weight, about 110 pounds. The general development of the skeleton or bony framework was slender. The general nutrition was poor; body much emaciated. There was no jaundice, bronzing or edema. No tumor masses in the skin or enlargement of the bones. No evidence of pigmented moles. Post-mortem rigidity,

was absent in both the upper and lower extremities. There was post-mortem (livores mortis) discoloration over the dorsal surface and a bed sore over the sacrum. No lesion or abnormality noted about the head, face or neck. Pupils dilated, sclera white. Nothing of a pathologic nature noted about the thorax, abdomen, genitals or lower extremities. On opening the abdominal cavity no fluid was noted, subcutaneous fat almost absent. The relation of the various organs to each other was apparently normal. The appendix was normal in appearance. The intestines were not distended and only slightly injected. No adhesions noted. Only a small amount of fat in omentum, the vessels slightly engorged. The mesenteric vessels congested, no enlargements of glands noted. Liver extends 20 cm. below ensiform cartilage. The diaphragm on left side extends to the fifth rib, and on the right side to the fourth rib.

The Thorax.—No fluid in the right pleural cavity and the lung was free of adhesion throughout. No fluid in the left pleural cavity, but there were adhesions between the visceral and parietal pleura, which was broken up with some difficulty. In the pericardial cavity there was about 10 cc. of a straw-colored fluid. The heart weighed 250 grms. Walls of left ventricle measured 10 mm., the right ventricle 3 mm. The muscle was yellowish and flabby. Post-mortem clots in the cavities. The mitral, tricuspid and pulmonary valves were all normal. The aortic showed some thickening. The ascending aorta showed some athermatous changes. The coronary arteries were apparently normal. Attached to the ascending aorta was a yellowish mass 16 cm. long, cheesy in appearance, and on pressure a milky fluid exuded.

The right lung was removed without difficulty. Over the posterior portion of the upper lobe the pleura was much discolored. On section the upper lobe was emphysematous, negative to inflammation and infiltration. The lower lobes did not crepitate throughout, were moist, dark red in color, showed venous congestion, no evidence of inflammation or infiltration. At the root of this lung was an enlarged gland 4 cm. in length, black in appearance, and on section showed anthracotic pigmentation.

The left lung was removed with difficulty. It was bound down by firm bands of adhesion, particularly at the hilum, and the upper pleural sur-

face could only be removed from the costal margin by cutting out the large bronchi, aorta and mediastinal tissue. The pulmonary pleura was thickened and cheesy in appearance. The costal pleural surface everywhere was thickened, uneven, torn and yellowish white in appearance. At the base, attached to the diaphragm, was a mass of firm tissue, white in appearance, size 8x6 cm. On section it showed grayish-white and reddish areas of various sizes. Just above this and to the left was another mass, larger in size, which extended to the root of the lungs.

In the region of the hilum were several smaller nodules yellowish-white in appearance.

Adherent to the left side of the spinal column was a broad, solid white mass 15 cm. in length.

The lung everywhere except at the apex was hard and firm and greatly distorted, and one lobe could not be distinguished from the other. The inter-lobe fissures were obliterated, and the lobes could not be separated without tearing.

The upper lobe was torn through near the apex, and pieces removed were soft and showed some congestion. Upon section of the lower portion of the upper lobe and throughout the lower lobe were seen nodular masses varying in size from a pea to an orange. Some of them were of a peculiar yellowish color, others white, shiny and glistening. Some had a salmon color. Those occurring on the surface beneath the pleura were soft in consistency and reddish in appearance, otherwise the nodules were hard and firm.

Abdominal Organs.—The spleen was small, 9x9½ cm., weight 70 grms. Capsule was not adherent to surrounding tissue and not thickened. On section the trabeculae were well marked, blood-vessels injected, pulp dark red in appearance.

No metastatic nodules.

Adrenals apparently normal.

The kidneys were apparently normal, except for some parenchymatous changes.

The liver was attached to the diaphragm, weight 2550 grms. The convex surface showed near the left lobe a yellowish nodule about 1.5 cm. in diameter, otherwise the surface was smooth. On section the liver showed yellowish white hard, sharply localized nodules of various sizes scattered over the parenchyma. Otherwise the liver was apparently normal.

Gall-bladder.—No stones or evidence of inflammation; common bile duct patent.

Pancreas.—In the head of this organ was noticed a hard, solid mass. On section was yellowish-white, otherwise the pancreas was apparently normal.

Intestines, urinary bladder and generative organs showed nothing of pathological interest.

Microscopic sections showed a round cell sarcoma of left lung, mediastinal tissue, liver and pancreas.

TETANUS, AND REPORT OF TWO CASES.

By R. C. DODSON, M.D.

Tetanus is an infectious disease, due to a specific organism, the tetanus bacillus, and is characterized by a certain chain of symptoms and contractions of muscles. There are two varieties: Traumatic and crypogenetic.

Etiology and History.—This organism was obtained in pure culture by Kitasato in 1889, but was described by Nicholaier in 1884.

There are certain localities that are predisposed to hold this organism, but it is also found in the bowel of man and horse, but is more frequently found around barnyards.

Wounds that are extensively lacerated and mutilated present more favorable media for the organism than a simple laceration, and a suppurating wound with mixed organism seems to favor rather than hinder the growth and activity of this organism.

What may also be considered an etiological factor in this disease is gunshot wounds, from explosion of blank cartridges and such like. Dr. Connolly of Newark recently examined blank cartridges and found the germ; but Dr. Parks of the New York Board of Health made extensive investigation along this same line and came to the conclusion that the skin covered with more or less dirt was driven into the wound and set up the disease. The statistics show in 1903, 415 deaths from tetanus, mostly boys, from the explosion of blank cartridges on Fourth of July, as compared with the records of the history of the war of rebellion, which show 337 deaths from the disease.

The bacilli multiply at the seat of infection and produce their toxins, and the toxins have been demonstrated in the circulation, spinal cord and

the medulla and the cerebro spinal fluid. There is still some contention as to whether the general circulation plays a part in the carrying of the toxins or whether it is entirely due to the nerves.

Pathology.—There seems to be little of any signs or pathological changes except those in the anterior horn cells. If there is mixed infection you will have the signs of inflammation. In the anterior horn cells they show degenerative changes. The incubation period is from 8 to 14 days, and may extend to 4 weeks.

Symptoms.—Generally the symptoms are ushered in by a stiffness about the tempero-maxillary joint and some difficulty in getting the mouth open; then the muscles of the neck become tense and boardlike and stand out very prominently, and at times pain in the muscles of the neck, and the patient has the sardonic grin and has an extremely anxious expression.

Upon dressing the wound of the patient he will usually have a spasm. There is slight rise in temperature, and the pulse rate is increased, and with that the respiration, and as the spasm increase the patient is thrown in the opisthotonos position and remains in this condition until death.

The patient always remains conscious until the last, and the cause of death is usually asphyxia and exhaustion.

Prognosis.—This is always grave, but since the introduction of antitoxin results are more favorable.

Moschoiwitz maintains that the prognosis depends on two things: First, the period of incubation: In a general way, the shorter the period of incubation the worse is the prognosis. This, however, is dependent on the second factor, the rapidity of the developments of the symptoms and their severity.

Treatment.—It is needless to say at this day and time that the use of the serum as a prophylactic is the article that we have at our hands to cope with the disease, and if used immediately in 5000 units doses for the first, and then if any symptoms appear give 15,000 units intravenously, and this should be repeated every 6 or 8 hours, as the severity of the symptoms appear.

I might say in connection with the serum treatment that many of us today are afraid to give the patient the full dose of this serum, but instead give the small doses and expect results. I would say that the best results can be expected by giving

about 15,000 units intravenously. Then, after the symptoms abate to some degree, serum should be given in 1500 to 3000 units about every 3 to 5 days, and in this way it will prevent the recurrence of the disease.

The drug treatment of tetanus can safely be put down to anodynes, and there is no doubt that they relieve the pain and diminish the spasm, and in this way conserve the strength and possibly prevent suffocation. To do this large doses should be given, but do not let the fact that you may get the accumulative action of the drug be forgotten.

The bromide of potassium is considered one of the most effective and safest, and may be given in large quantities, as much as 2 drams, and also 15 grains, and even 30 grains, of chloral hydrate may be given at 6 or 12-hour intervals per rectum.

The spasms are influenced by preparations of calabar bean, notably the fluid extract, and the sulphate of eserin. Eserin sulphate may be given subcutaneously, grain 1/6, every 3 hours until full physiological effect, which is shown by the fibrillary twitching of the muscles and diarrhea.

Chloretone is a remedy of peculiar excellence. It is given in large doses, and at a single time 40 grains in olive oil per rectum, and as much as 120 grains may be given in 24 hours. The action of this drug cannot be explained, and it is reported as having some influence in causing death. Chloroform inhalations may be given, but the use of it is recommended by some and condemned by others, but it will do some good where the spasms are very violent.

Morphine and atrophine are valued highly, but, like all other drugs, are not cures, and are used and abused. Large doses of both should be given, and Leyden rightly praises morphine gr. 1-3 during 24 hours and atrophine injected into the rigid muscles to the amount of 1/25 of a grain.

Of late years two forms of symptomatic treatment have been before the progressive physician: First, the phenol, and second, the magnesium sulphate.

Bacelli method is the subcutaneous injection of large doses of phenol. He used a two-thirds per cent. solution in water, and begins by administering 3/10 to 5/10 gram of carbolic acid daily. Maragliano recommends a five per cent. solution in oil. Bacelli claims that it lessens nerve excita-

bility of the spinal cord and lowers temperature, and has antitoxic properties.

Magnesium sulphate is administered in two ways, subcutaneously and into the spinal canal. It is hard to say which is the more or less beneficial. The subcutaneous method is the safer and the easier, and it has proved useful. An overdose may be dangerous and cause profound collapse. It has its danger in causing respiratory failure, and this can only be avoided by careful dosing.

Meltzer's original dose was 1 c. c. of a 25 per cent. sterile solution for every 25 pounds of body weight, and some other workers have reduced the dose. The way to be given is by the lumbar puncture, and this is made with the patient on the left side, and a puncture is made at the third or fourth lumbar vertebra, and some of the spinal fluid is drawn off and the magnesium sulphate injected in its place. The patient should have her head elevated to keep the solution from flowing to the medullary center of respiration, which occurs in a few cases.

Before leaving the internal treatment I might add that Strumpel advises the use of salicylic acid in 10 grain doses hourly and with a purge and a hypnotic.

Local Treatment of Wound.—It has been the teaching for some time back to cauterize the nail punctures and other wounds with carbolic acid and alcohol, but the last few years this has been condemned because of the sloughing and the degeneration of tissue.

Some of the latest authorities advocate the use of tincture of iodine locally.

The question of amputation of the extremity can only be mentioned to be condemned, as after the symptoms have begun it is too late, for the harm has already been accomplished.

Feeding.—The food should be entirely liquid, and when the patient cannot swallow it should be given with a nasal tube and also per rectum, as the sphincters are in a state of spasm and will retain 2 or 3 pints.

The patient should be removed from all noise and the room darkened, and no draft be allowed to blow across him, as even wind will produce a spasm.

Report of a Case of Tetanus with Favorable Outcome.—Patient, black laborer, was admitted to the hospital with the following conditions:

Mutilated and gangrenous left foot and amputation of great toe.

On the 26th of June, while he was helping to place a piece of steel rail, it fell on his foot and mashed it. He was admitted to the hospital on July 2, 1913, with a temperature of 98.3, pulse 110, and respiration 22. He was given the usual purge and was dressed, and the next day his pulse came down to 88, and remained at that and around 75. On July 8 he complained of pain in his foot, and was given a dose of codeine, which relieved the condition, but on July 9 he complained of stiffness of his lower jaw, but he did not report it to the nurse or doctor until July 11, and then he was given 500 units of antitoxin, all that could be had at that time. The next morning his jaw was better, but was somewhat stiff and painful, and on July 13 the muscles of his neck began to get stiff, and he would have a spasm when he was dressed and spoken to, and at this time he was given salicylic acid, grains 8, hourly for 5 doses, and he was more comfortable and was perspiring freely. The next day the dose of salicylic acid was reduced and lactose was added, and this was continued for 3 days, and he was feeling very much better, but the following day the symptoms reappeared with more violence, and he was given 3000 units of antitoxin and also the salicylic acid, and he improved immediately, and after some days he recovered his strength and left the hospital completely cured.

Report of a Second Case with Fatal Result.—Patient, white man; aged 30; was admitted to the hospital on October 7, 1913, with mutilation of the right foot and badly infected.

This man was hurt on the 4th of October at Seaville, Fla., by getting his foot caught in between a coupling while stealing a ride on a train, and then walked around in the sand until he found a doctor.

On admission to the hospital he had a temperature of 102, pulse 90, and respiration 25. He was given quinine and hot application to his foot, and his temperature went along between 100 and 102 for several days, and then it came down to normal. His foot had been drained and dressed daily.

On October 13 his pulse went up to 86 and the temperature 100, and on the next day at 6 P. M. he complained about stiffness of his jaws, and at

6.50 he was given 1500 units of antitoxin and salicylic acid and lactose, grains 10, hourly, and at 10 P. M. he could open his mouth with difficulty. At midnight he was given 3000 units of antitoxin, and he was bathed in perspiration, and at 2 A. M. a small roller bandage was put in his mouth to keep his teeth apart. Morphine, grain $\frac{1}{4}$, was given at 6 A. M. At this time his neck and shoulders were stiff. On October 15, at 10:20 A. M., antitoxin, 1500 units, was given, and he was in great pain, and his pulse had risen to 104 at this time. At 3.20 P. M. 1500 units of antitoxin were given, and he had a spasm over entire body; he was in opisthotonos position, and later on the same day he was more comfortable, and pulse had reached 110, and at 9.40 P. M. same day he was given 3000 units of antitoxin. All this time he was under the influence of morphine and complained bitterly of pain, and had severe convulsions at intervals.

On October 16 he was given 3000 units more of antitoxin, and pulse 140, temperature 98. At this time he would cry out at intervals with the spasms and the pain. At 11 P. M. of the 16th, 3000 units of antitoxin were given, and he was delirious for a short time, and pulse 145 and temperature 103 axillary.

On October 17th, in afternoon, 3000 units of antitoxin were given and eserin sulphate, grain $\frac{1}{6}$, every 3 hours was ordered, and an enema of chloral, 30 grains; potassium bromide, dram 1, per rectum, and at intervals he was given morphine, grain $\frac{1}{4}$, and hyoscine, grain $\frac{1}{100}$.

At 9 P. M. he was cyanosed and respiration very shallow, and had severe convulsions through night, and death came at 1 A. M. on October 18.

In conclusion, I may say that both of these cases came under my care at Waycross Hospital, and it is peculiar about the two cases that they were both hurt about the same part of Florida, only about 20 miles from each other.

I will say in a few words, the treatment of tetanus can be summed up in one sentence, and that is, large doses of antitoxin intravenously and given at close intervals.

At the annual meeting of the Fresh Air Society in Baltimore, April 14th, the officers were re-elected, and Dr. Armfield F. Van Bibber, class of 1896, of Bel Air, Md., was made a member of the board of directors.

SYMPTOMS, DIAGNOSIS AND TREATMENT OF FRACTURES OF THE SKULL.

By J. R. BRADLEY,
Senior Medical Student.

Fractures of the skull may be: Fracture of the vault, fracture of the base, combined of vault and base.

GENERAL CONSIDERATIONS.

Fractures of skull may be divided into: Simple, compound, complete, incomplete.

The complete fracture of the vault is a depressed fracture. In this fracture a segment of the entire thickness of the bone is displaced below the level of the surrounding bone.

The incomplete fractures are: First, fissure fracture, which is merely a crack in the bone; second, a depression fracture, which is a crushing of part of the thickness of the bone without circumferential separations of the fragments, usually seen in young individuals.

CAUSATIVE FACTORS.

1. Direct violence applied to a localized area of the skull, as in a blow with a small instrument, or it may be of a crushing nature applied over a large area of the skull, as where the head is caught between the opposed surfaces of two bodies, as between the bumpers of cars, or between heavy timbers, etc.

2. Indirect violence, as when the point of impact is the tuberosity of the ischium and the force is transmitted to the base of the skull, or a blow on the point of the jaw and the condyles are driven through the glenoid fossa.

3. Fracture by contre-coup. In this fracture the point of impact is on one side of the skull and due to hydrostatic transmission of the force fracture occurs on the opposite side.

SYMPTOMS.

The primary symptoms of fracture of the skull are dependent largely upon the injury to underlying structures, and not so much to the fracture of the skull itself. The principal primary injuries in fracture of the skull are: Concussion, contusion, laceration, compression, paralysis.

By *concussion* we understand an oscillation of

the brain cells without organic injury and caused by sudden jar. (In reality a brain shock.)

By *contusion* we understand a condition in which the brain substance is bruised and the cells injured, but not necessarily destroyed, and accompanied by a rupture of some of the small blood-vessels, which causes more or less ecchymosis.

Laceration is a condition in which the brain substance is torn by the inward projection of a fragment of bone or the entrance of some foreign body.

Compression is a condition in which the brain substance is pressed upon, either by depressed bone, or hemorrhage from a lacerated vessel, or by edema.

Paralysis is due to a cessation of function of certain nerve cells, due to pressure or destruction, or to interference with the conducting paths of these nerve cells.

SYMPTOMS OF CONCUSSION.

Always appear at the time of the injury. In a mild case the patient may or may not be able to stand. He has a headache, feels dizzy, and his mentality is impaired. He may talk incoherently. Nausea and vomiting are often present. These symptoms are usually of short duration, and the patient reacts promptly.

In severe cases the patient is unconscious or semi-conscious, and lies with his muscles perfectly relaxed; the pulse is weak and rapid, temperature subnormal, respirations shallow, skin and extremities cold. If patient can be aroused he speaks in monosyllables. He may be irritable, and if touched he shows signs of anger. The pupils may be dilated or contracted, equal or unequal, but react to light. Urine and feces may be passed involuntarily. In favorable cases, after a day or two, these symptoms begin to subside, the skin becomes warm and dry, the pulse becomes slower and improves in tone, temperature becomes normal, respiration deeper, and patient gradually regains consciousness. In most severe cases the patient never reacts, but passes successively through the stages of unconsciousness and coma to death.

Contusion.—The symptoms of contusion differ from those of concussion merely in degree, and it is impossible clinically to differentiate between the two. Like concussion, the symptoms appear at the time of the injury. The patient is usually

totally unconscious, his muscles relaxed, pulse weak and rapid, temperature subnormal, respirations shallow, extremities cold, pupils dilated or contracted, equal or unequal, incontinence of urine and feces. As a usual thing, these patients react much more slowly and only regain consciousness after a protracted period, or may pass on to coma and death.

Laceration.—If the laceration is serious the symptoms are those of severe concussion. After recovery from the initial shock the temperature will begin to rise, and may reach 103-104 degrees F. Early fever is a very important sign of laceration. Returning consciousness will usually be marked by mental irritability and restlessness. If motor areas of the brain are involved, signs of irritation will appear, as muscular twitchings and spasms corresponding to the involved areas.

Compression.—No matter what the cause may be, the symptoms of compression are the same, except in the time of their appearance. If the compression is sudden and limited, there is an irritation of the parts involved, which is manifested by restlessness and delirium, and if the motor area is involved, by twitching of certain groups of muscles, and perhaps paralysis or hemiplegia. The pulse is hard and slow if the compression is gradual, as from hemorrhage or edema. Whether it be localized or diffuse, the brain accommodates itself to the new conditions for some time and the symptoms of compression are delayed, although they may be relatively sudden in their onset. There is usually a history of injury to the head with symptoms of concussion or contusion. After a lesser or greater interval the patient, as a rule, regains consciousness, which may be maintained for a variable period of time, after which he may gradually or suddenly develop symptoms of compression, which may be divided into local and general.

Local symptoms are: Muscular spasms and twitchings. If portions of the motor area are involved there may be paralysis of certain muscles or groups of muscles. If in the right arm or leg it usually indicates a lesion in the neighborhood of the left Rolandic fissure, and vice versa. Pupils usually dilated and inactive to light, and there may be symptoms of paralysis of the other cranial nerves.

General symptoms: The stupor increases to profound unconsciousness, the pulse becomes

slow and full, gradually decreasing, as the compression increases; the respiration shallow and sighing, and as the compression becomes more grave, stertorous or Cheyne Stokes' respiration, and there is a high rise of temperature.

Paralysis.—The symptoms of paralysis are very important, as they often give a definite idea as to the seat of compression. Involvement of the Rolandic areas are characterized by paralysis of the opposite side of the body, due to the dissection of the motor tract. Marked cardiac and respiratory symptoms indicate involvement in the neighborhood of the medulla. The location of pressure, when localized, may be marked out according to the anatomical arrangement of the nervous tracts and areas. Practically this is often very difficult to do with any accuracy.

SYMPTOMS AND SIGNS OF FRACTURE OF THE VAULT.

1. History of injury to the head.
2. The symptoms depend upon the degree of injury to the underlying structures, namely, concussion, contusion, laceration or compression. You may not have the symptoms of just one of these conditions, but may have variable symptoms, due to a combination of two or more of these conditions.

SYMPTOMS AND SIGNS OF FRACTURE OF THE BASE.

Fractures of the base of the skull may be of the anterior fossa, middle fossa, posterior fossa. Fracture of the middle fossa is the more common.

1. You may have symptoms of fracture of the vault plus the following symptoms: External hemorrhage, if from the ear, usually indicates fracture of the middle fossa; if from the nose, it is not so valuable, but if prolonged and accompanied by subconjunctival hemorrhage and exophthalmus, indicates fracture of the anterior fossa; if hemorrhage into the mouth, it may come from the Eustachian tubes, and indicate fracture of the petrous portion of the temporal bone. Hemorrhage into the pharynx, causing a bulging of the posterior wall of the pharynx, or a hematoma over the mastoid, would indicate a fracture of the posterior fossa.

2. The escape of clear fluid from the cranial cavity, at first usually bloody, but later may be clear and limpid, and in quite large amounts, and is especially likely to occur from the external auditory canal, but it is well to remember that clear fluid may escape from the external auditory canal,

due to injury to the middle ear, without necessarily having a fracture at the base of the skull; but the fluid is not cerebro-spinal fluid, and is usually small in amount.

3. The escape of brain tissue, most often from the ear, may be from the nose, or may be from the wound itself.

4. Injury to the cranial nerves emerging from the base of the skull. The seventh and eighth are most frequently involved.

5. Upon spinal puncture fluid is probably bloody if fracture is present.

DIAGNOSIS OF FRACTURE OF SKULL.

1. History of an injury to the head.
2. Contusion or laceration of the scalp or an actual visible fracture or depression of the skull.
3. General and local symptoms, the most important of which are the pulse, temperature, respiration, localized signs of pressure, but one of the most important is the study of the consciousness or unconsciousness of the patient, the time of appearance of unconsciousness, the degree, the duration and the presence of a lucid interval between the two periods of unconsciousness, and the occurrence of hemorrhage.

On examination of the patient several things must be eliminated, the first of which is hematoma of the scalp, which may simulate depressed fracture; the next is the normal and pathological variations from the average configurations of the skull. The best way to eliminate these is to make an incision sufficiently large to examine the suspected area. Often on coming down to the bone there will be difficulty in differentiating between a fissure and a suture. This is usually done by sponging the area carefully. If it is a suture there will be no immediate oozing along the suspected line; if, however, it is a fissure, blood will continue to ooze out along the line of fracture. Sometimes there is also evidence of foreign bodies having penetrated the bone, as hair, particles of dirt, etc. If no history of a head injury can be obtained, and there is no evidence of injury to the head, other causes of unconsciousness must be eliminated, as alcoholic coma, diabetic coma, epileptic coma, uremic coma, apoplectic coma, coma from acute infectious diseases, especially meningitis and acute tropical malaria, sunstroke, and acute poisoning from opium or narcotics.

COMPLICATIONS OF FRACTURE OF THE SKULL.

1. Concussion.
2. Contusion.
3. Laceration. { Hemorrhage.
4. Compression. { Depressed bone.
5. Paralysis. { Edema.
6. Hemorrhage. { Abscess.
7. Edema.
8. Abscess.
9. Meningitis.
10. Thrombosis of sinuses.
11. Hernia cerebri.
12. Epilepsy.
13. Insanity.

Hemorrhage may be internal or external. When internal, if sufficiently extensive, it causes compression. The hemorrhage is usually due to rupture of the anterior or posterior branch of the middle meningeal artery, but may occur from the venous sinuses. The hemorrhage and the external wound may be located on the same side, or vessels of the opposite side may be ruptured by countre-coup; or hemorrhage may push brain to the opposite side and cause symptoms referable to that side. The hemorrhage may be extradural or subdural, and sometimes in the brain substance itself. If the lacerated vessel is large, symptoms of compression come on rapidly.

Bone causes compression when depressed due to direct pressure upon the cerebral substance. These symptoms come on at the time of the injury.

Edema may be in subarachnoid space only, or in the subarachnoid space and cerebral substance as well, causing symptoms of pressure which are often difficult to diagnose from those of hemorrhage. It is usually self-limited and clears up in a few days.

Abscess is usually associated with compound fracture, and is caused by infection from the external surface. The symptoms come on late, and are headache, sometimes limited to the area of suppuration; vomiting, temperature often subnormal, often mental dullness, passing into coma in some cases. Symptoms of compression predominate over those of suppuration.

Meningitis is usually associated with compound fracture of the skull and is not an uncommon complication. The symptoms appear a day or two after the injury. The temperature rises, patient may have a chill or chilly sensation, severe

headache, pulse slow and full, face flushed, photophobia is present, bowels constipated, urine passed involuntarily, the patient is delirious and drowsy, and as the disease progresses passes into unconsciousness and coma, which usually terminates in death.

Thrombosis of sinuses is a rare complication characterized by chills and sweats. Patient may be unconscious and process may extend down in the internal jugular vein and be palpable.

Hernia cerebri, or *fungus cerebri*, is a granulomatous fungoid mass composed principally of neuroglia, appearing at the site of injury, and occurs only when the meninges of the brain have been ruptured. It appears as a pinkish mushroom-like tumor protruding to a variable distance above the level of the cranial bones. It bleeds very easily and becomes necrotic and foul-smelling. It is usually associated with gunshot wounds, horse kicks, etc., and is generally associated with sepsis.

Epilepsy and insanity are sequelae and are caused by various injuries to the cerebral tissues at the time of fracture, or as one of the sequelae of secondary infection or organization of blood-clot or the formation of scar tissue.

TREATMENT.

SIMPLE FRACTURE OF THE VAULT.

First—If fracture is only suspected and brain symptoms are subsiding, use an expectant plan of treatment. This treatment may be divided into constitutional and local.

CONSTITUTIONAL TREATMENT.

The patient should have absolute rest, both physical and mental; should be placed in the horizontal posture, head slightly elevated, and if temperature is subnormal, should be wrapped in warm blankets, or hot-water bottles applied at the temperature of 110 degrees F.

Anodynes and hypnotics, especially morphia sulph., if required.

A cathartic should be administered, preferably calomel.

Urotropin should be administered, as it tends to render the cerebro-spinal fluid aseptic and prevent secondary infection.

Careful attention should be paid to the bladder, as very often these patients are unable to void urine. Diet should be liquid.

Local treatment, ice cap to the head.

The patient should be kept in bed for at least three weeks, and under observation for one month as meningeal hemorrhage may develop at any time.

Second—Should operate in all cases of simple fracture of the vault with symptoms of hemorrhage or pressure increasing in severity, or distinctly localized, also in all sharply depressed and penetrating fractures.

COMPOUND FRACTURES OF THE VAULT.

Operate in all these cases. Do not wait for symptoms to develop, but operate at once. Clean wound carefully; shave the entire head; wash with green soap, sterile water and a brush, then alcohol, ether and bichloride towels around the head. In washing be sure not to get anything dirty in the wound.

Enlarge the skin wound and thoroughly explore the seat of fracture.

Objects of operation are threefold:

1. To insure cleanliness.
2. To elevate and, if necessary, remove any bony fragments.
3. To remove clots and check hemorrhage if present.

If it is a simple fissure, cleanse, disinfect and close without a drain.

If a contaminated fissure, chisel away the outer table, remove any foreign material, cleanse, disinfect and drain.

If you find depressed bone, elevate or remove with a trephine, chisel or bone elevator.

Puncture or Gunshot Wounds of the Vault.—These fractures are very serious, owing to the foreign material, as a piece of the scalp, fragment of bone, bullet, etc., being driven into the cranial cavity. Enlarge the opening, remove any foreign material present and drain.

FRACTURES OF THE BASE.

The treatment is usually non-operative. Use the same expectant treatment as described under suspected simple fracture of the vault, and in addition the ear and mouth should be kept clean.

Ear.—Swab out the external auditory canal with a solution of boric acid or a mild solution of bichloride and plug with sterile cotton. Repeat twice a day. Do not irrigate, as infectious material may be forced in the cranial cavity.

Nose.—Spray the nose with Dobell's or some

other similar antiseptic solution and plug with sterile cotton.

Mouth.—Cleanse the mouth with bichloride solution, 1-3000.

If the patient has cerebral symptoms, shave the entire scalp and cleanse thoroughly whether he has a scalp wound or not, but use especial care if a scalp wound be present. If signs of compression come on later, do a decompression operation and try to relieve the condition causing compression. If due to hemorrhage, remove clot and tie the bleeding vessel. In primary and often in secondary unconsciousness Cushing's decompression operation is done to locate the cause.

FRACTURE OF THE VAULT, COMPLICATED BY FRACTURE OF THE BASE.

Keep the cavities clean. Disregard fracture of the base and treat as in fracture of the vault alone, whether it be simple or compound.

INDICATIONS FOR OPERATIVE PROCEDURE.

1. Depressed or penetrating fracture, whether simple or compound.
2. All compound fractures.
3. When there are symptoms of compression or any indications of serious cerebral lesion complicating any fracture, whether at the time of injury or afterward.

TREATMENT OF COMPLICATIONS.

Hemorrhage.—No matter when hemorrhage develops, remove the clot and ligate the vessel. If you cannot ligate, pack with gauze. If subdural, incise dura and try to stop bleeding by ligature or gauze. Watch the patient carefully for complications and give the constitutional and local treatment described under suspected fracture of the vault. In tying the meningeal vessels it is better to carry the suture through the dura on a needle and tie than to use simple ligation of the vessel, as the latter method has been known to end disastrously, due to slipping of the suture.

Abscess.—Make an opening into the cranial cavity, incise and drain immediately on diagnosis. These cases are very serious and usually end fatally.

Meningitis.—Prophylaxis is the best treatment. These cases usually end fatally, and the treatment is merely to relieve the symptoms as they arise. Darken the room; move the bowels freely; see that the bladder is emptied; liquid diet; hypnotics to quiet the patient; apply ice cap to the

head. Operative interference promises good results, but has not been sufficiently tested to advise it as a routine treatment.

Thrombosis Sinuses.—Prompt operative interference offers the only hope of saving life. The sinus is exposed, opened and clot removed. The clot may extend down in the internal jugular vein. If so, open and remove the clot. If bleeding is uncontrollable by other means, pack with gauze and give the general and local treatment described for suspected fracture of the vault.

Hernia Cerebri Operation.—Cleanse the mass with any simple antiseptic solution and remove, as very little brain tissue is included in the growth, it being composed principally of granulating neuroglia. Dress with an antiseptic dressing.

Non-operative Treatment.—Cleanse mass as before and apply light pressure with antiseptic gauze or cotton. Sometimes boric acid or bismuth subnitrate is used before the application of the dressing. If patient recovers, a deepened cavity results.

Epilepsy and Insanity offer very little hope of recovery, as the lesion is usually an incurable organic one. Operative procedures have been used in some cases and a few very brilliant results obtained. The successful cases, however, often relapse in a few years' time.

SYMPTOMS, DIAGNOSIS AND TREATMENT OF FRACTURES OF THE SKULL.

- I. General considerations.
- II. Causative factors.
- III. Symptoms—
 - A. Sympt. and signs of fracture of the vault.
 - B. Sympt. and signs of fracture of the base.
- IV. Diagnosis.
- V. Complications.
- VI. Treatment.
 - A. Simple fract. of vault.
 - B. Compd. fract. of vault.
 - C. Punctured gunshot fract. of vault.
 - D. Fracture of the base.
 - E. Fracture of vault, complicated by fract. of base.
 - F. Indications for operative procedure.
- VII. Treatment of complications.

BOOK REVIEWS

ACCESSORY SINUSES OF THE NOSE. Catarrhal and Suppurative Diseases of. By Ross Hall Skillern, M.D., Professor of Laryngology, Medico-Chirurgical College; Laryngologist to the Rush Hospital; Fellow of the American Laryngological, Rhinological and Otolological Society; Fellow of the New York Academy of Medicine; Member of the Society of German Laryngologists, etc., etc. Philadelphia and London: J. B. Lippincott Company. 1913. Cloth, \$5 net. Illustrated.

"Accessory Sinuses of the Nose" is a book of decided merit and destined to be consulted by students, general practitioners and specialists as a guide and authority on the diseases, diagnosis and treatment of affections of these air spaces. Heretofore the student was compelled to go to general textbooks for information concerning diseases of these air spaces, consequently the knowledge obtained was, as a rule, superficial and incomplete. This book, therefore, fills the void in this branch of medical literature. It is well written, the style clear and lucid, and, above all, the contents based upon accurate and scientific observations by the author. The illustrations are numerous and well executed, the type large and clear, and the text remarkably free of typographical errors. Part one is devoted to general considerations, in which the author minutely describes the technique of examination of the nose for sinus disease, the anatomy of the lateral wall, the development of the accessory sinuses, physiology, bacteriology, pathological changes in the mucous membrane of the sinuses, unusual pathological complications of chronic inflammation, symptoms of sinus inflammation, laryngeal affections, pharyngeal affections, diagnosis, including transillumination, Roentgen ray and suction, treatment of the disease itself and its complications; part two to the anatomy, etiology, sequelae, diagnosis, symptoms and treatment of affections of the maxillary sinus; part three to the frontal sinus; part four, ethmoid labyrinth; part five, sphenoid sinus.

Owing to the relative greater frequency of these diseases, or, at any rate, their more frequent recognition, the book is indeed an addition to medical literature of great value. As a matter of fact, only after it comes to be better known will its true value be fully appreciated.

THE HOSPITAL BULLETIN

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, MAY 15, 1914.

UNIVERSITY SOCIAL ACTIVITIES.

During the latter half of April a number of very pleasant social functions were held, the most important of which was the concert and dance of the musical clubs of the University, held at Lehmann's Hall on April 14. Some years ago efforts to encourage musical performances at the University were made and met with fair success, but later the interest died out and the clubs were disbanded. This year, however, we have both glee and instrumental clubs of marked excellence, and the concert given by them was of a high order for amateurs. The glee club was ably conducted by Dr. W. A. Rea, a teacher in the dental department, while Mr. S. A. Cocco, a dental student from the republic of Santo Domingo, ably led the orchestra. Professor B. Merrill Hopkinson favored us with several solos, which he rendered in a highly artistic manner. He was accompanied on the piano by Mrs. Henry Franklin. The writer is not a musical person, and his opinion in regard to a musical performance is of no value. He knows, however, whether the singing and playing sounded good to him, and he has no hesitation in saying that it did. Judging from the applause and the encores, it must also have sounded good to the audience. The hall was filled with a large and beautifully costumed company, the major portion of whom remained for the dance that followed. We con-

gratulate the performers on the success of the concert and hope it is but the precursor of many others.

THE CLUB LATINO-AMERICANO.

Since the Spanish-American war Spanish-speaking students have been coming to the University of Maryland in increasing numbers. They have an organization known as the "Club Latino-Americano," which includes students from Cuba, Porto Rico, Santo Domingo, Nicaragua, Costa Rica, Brazil, and elsewhere in South America and the Spanish Main. This club is an important feature in the social life of the school. Usually the members are good students and polished gentlemen. In 1912 a member of this club, Dr. Buch, was the first honor man and gold medalist of his class. On April 15th it was our good fortune to attend the third annual banquet of the club, held at the Rennert. We have seldom attended a better banquet, if ever. The menu was excellent, the music fine and the whole occasion most enjoyable. We do not understand the Spanish language, but the speeches seemed to be eloquent, and they were certainly fluent. The language seems to adopt itself to oratory, or the speakers were born orators. We regret that our education has been neglected in regard to Spanish. It is, perhaps, too late for us to learn this beautiful language, but we certainly recommend those who are in the younger walks of life to do so.

Mr. A. Balart is president, S. A. Cocco vice-president, and J. R. Echevarria secretary of the club.

THE RUSH MEDICAL CLUB.

This ancient organization, which has been such an important factor in the student life of the Medical School for so many years, has lived up to its opportunities and responsibilities, as usual. It is a somewhat secret organization, and it would be betraying confidence to disclose any of its activities. We had the opportunity to meet the members in a social way recently, and they are a fine lot of young men, who will be a credit to their profession.

A HIGH HONOR TO PROFESSOR WINSLOW.

Dr. Randolph Winslow, Professor of Surgery, was elected a fellow of the American Surgical Association at its recent meeting in New York City. This is the highest surgical association in America, and its membership is limited to 150, hence only a few out of the large number of candidates can be elected. This election is not only a high compliment to Professor Winslow, personally, but to the University. Telegrams and messages of congratulation were received by Dr. Winslow from Drs. William J. and Charles H. Mayo, William L. Rodman, John B. Roberts, John M. T. Finney, and others.

Dr. Winslow is also a fellow of the Southern Surgical and Gynecological Association, one of the most active societies in this country, the membership of which is limited to 200.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	86 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	120 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00
1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00

1899.....	55 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	240 00
1907.....	120 00
1908.....	100 00
1909.....	65 00
1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	19 85

Total to May 1, 1914.....\$10,810 02

NEW SUBSCRIPTIONS IN APRIL, 1914.

Dr. William H. Marsh, 1876.....	\$5 00
Dr. James L. Anderson, 1908.....	25 00
Dr. Frederick Snyder, 1908.....	25 00

Total for month..... \$55 00

Faculty of Physic Fund to May 1....\$20,583 63

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
Dr. Nathan Winslow, \$10.
Dr. D. W. Cathell, \$10.
Dr. Eugene Kerr, \$10.
Dr. Randolph Winslow, \$10.
Mrs. Randolph Winslow, \$5.
Dr. Hiram Woods, \$10.
Dr. J. W. Holland, \$10.
Dr. J. Mason Hundley, \$10.
Mrs. Nathan Winslow, \$1.
Dr. Joseph E. Gichner, \$1.
Dr. Ernest Zueblin, \$5.
Dr. Edgar G. Ballenger, \$10.

Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.
 Henry P. Hynson, Phar. D., \$10.
 Dr. C. W. McElfresh, \$3.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ITEMS

Dr. Albert H. Carroll was among those who attended the concert-dance, April 14th, at Lehmann's Hall.

Dr. William A. Gracie, class of 1910, who is located at 39 Bedford street, Cumberland, Md., was a recent visitor to the University.

A musicale for the benefit of the building fund of the Medical and Chirurgical Faculty of Maryland was given in Osler Hall, Thursday, April 30th, at 8.15 P. M., by the Doctors' Orchestra and Chorus. It was a delightful climax at the end of a three-day session of the Faculty, in which the physicians of the city and State gathered at the one hundred and sixteenth annual meeting of the association. The program was most artistic. A number of operatic airs that have been popular for generations were played, also some excerpts from the lighter musical pieces and compositions by men of local musical circles. The chorus was under the able direction of Dr. B. Merrill Hopkinson, who also sang several solos, including "Jean," by Burleigh; "King Charles," by White; "What is Love?" by Owst, and "Robin Goodfellow," by Morgan. The whole program was indeed a pleasing one, both because of the excellence of the work of the orchestra and the chorus, and was much enjoyed by all present.

Dr. W. E. Wiegand, class of 1876, and Mrs. Wiegand of 1011 Madison avenue are spending some time at Atlantic City.

Dr. Alexander L. Hodgson, class of 1884, and Mrs. Hodgson, formerly of Pearson, Md., have returned from New York, where they were the

guests of Mr. and Mrs. Herbert L. Satterlee at the home of Mrs. Satterlee's father, the late J. Pierpont Morgan. Dr. and Mrs. Hodgson, who are occupying apartments at the Albion, will return later to their summer home, Dana-on-the-Patuxent.

According to the Thirteenth Annual Report of the South Baltimore Eye, Ear, Nose and Throat Charity Hospital, Dr. H. E. Peterman, B. M. C., class of 1895, is secretary; Drs. James Bordley, Jr., and H. E. Peterman are members of the Board of Directors and Executive Committee; Drs. David Streett, Robert W. Johnson, Samuel Theobald, Hiram Woods, J. Frank Crouch, Charles O'Donovan, Richard H. Johnston and Edgar R. Strobel members of the Consulting Medical and Surgical Staff; Drs. H. E. Peterman and James Bordley, members of the Surgical Staff, and Dr. Murray Hollyday, assistant surgeon.

On March 20th, after a two weeks' trial, a verdict of \$6000 damages was obtained in the Superior Court by Mrs. Sally Stirling Sadler in her suit against Dr. George H. Riggs, class of 1891, of the Riggs Sanitarium at Ijamsville, for alleged assault and unlawful detention in his sanitarium. Not satisfied with the verdict, Dr. Riggs made a motion for a new trial of the suit, which has been granted by Judge Bond, before whom the case was tried in the Superior Court. No date has as yet been set for the new trial.

Dr. A. Tregoe Shertzer, class of 1869, of 25 West Preston street, who has been confined to his home for the past month on account of sickness, has sufficiently recovered to be out.

Miss Naomi Hellend, University Hospital Training School for Nurses, class of 1911, is doing substitute nursing in the Infant Milk Work.

The following members of our alumni are located in Annapolis, Md.: Drs. Richard Grady, B. M. C., class of 1888; Charles B. Henkel, class of 1889; Louis B. Henkel, Jr., class of 1903; Walton H. Hopkins, class of 1904; Albert M. D. McCormick, class of 1888, Medical Inspector, Commander, U. S. N., stationed at the U. S. Naval Academy; James J. Murphy, class of 1896; Frank

H. Thompson, class of 1879; Jesse Oliver Purvis, class of 1904; Joseph M. Worthington, class of 1872, and Roger V. Parlett, class of 1912.

Miss Lucy Squires, University Hospital Training School for Nurses, class of 1909, of Jacksonville, Fla., has been spending some time in the city. While here she visited her *alma mater*.

Miss M. E. Rolph, University Hospital Training School for Nurses, class of 1895, who was operated on at the Hospital the last of March, is very much improved.

Dr. John C. Hemmeter, class of 1884, was host at a delightful musicale to about 50 guests at his home at University Parkway and Kittery lane, April 25th. Those who contributed to the program were Emanuel Wad, pianist, of the Peabody Institute; Mr. and Mrs. Theodore Hemberger; Miss Hannah Greenwood, alto; Mrs. Louise Kurtz, soprano, and Dr. Hemmeter.

The regular spring meeting of the Nurses' Alumni Association of the University of Maryland was held at the Hospital on April 6. Misses Blandford and Conner gave interesting talks on "compulsory registration." The president of the association, Mrs. Ethel P. Clarke, was appointed delegate to the convention of the American Nurses' Association, to be held in St. Louis from the 22nd to the 29th of April.

Dr. Eugene McE. Van Ness, class of 1891, of 200 West Lafayette avenue, who was operated on about a month ago for appendicitis at the Union Protestant Infirmary, has recovered.

Dr. George Y. Massenburg, class of 1911, who has been connected with the Government hospital in Panama, has returned to his home at Towson.

Health Commissioner Nathan R. Gorter has sent out a bulletin to all physicians in Baltimore calling their attention to the marked improvement in the number of typhoid cases and the lessened number of deaths from that disease since last December. Accompanying the explanation was a table which was prepared by both Dr. Gorter and his assistant, showing the number of typhoid cases and deaths for each month, beginning with

the year 1909 and ending with March, 1914. The physicians are asked to help the department in the study of the disease.

The Somerset County Medical Society met at Crisfield, Md., April 7th. Dr. Gordon T. Simonson, class of 1896, of Crisfield, presided. Dr. Rastus R. Norris, class of 1904, also of Crisfield, read a paper on obesity. Officers were elected as follows:

President—Dr. Rastus R. Norris, class of 1904, of Crisfield.

Vice-President—Dr. Charles T. Fisher, class of 1901, of Princess Anne.

Following the meeting of the society a banquet was held. The next meeting will be held in Princess Anne in October.

At the meeting of the Anne Arundel Medical Society held recently at Annapolis, Dr. Louis B. Henkel, Jr., class of 1903, of Annapolis, Md., was elected president.

On Tuesday night, April 14th, the University Glee Club and Orchestra made its official bow of the season before a large, appreciative and representative audience of Baltimore society and students at Lehmann's Hall. It was one of the most successful events ever held in the history of the University. All of the members performed in a creditable manner, and in view of the high standard maintained during the entire entertainment, it is impossible to pick out any individual stars. It was an "all-star" entertainment. Special praise, however, must be given to the orchestra. It is far above the amateur class, and in fact surpasses many professional orchestras which we have heard. The success of the orchestra is largely due to the able leadership of Mr. S. A. Cocco, who is an accomplished musician. Mr. Cocco received his musical education at the Municipal Academy of Music at Cuerto Plata, San Domingo. After coming to the States he conducted an orchestra at Chappaqua Institute, New York State, and while spending his first months in Baltimore formed and directed an orchestra composed of a group of friends. Mr. Cocco's manner of conducting is positive, careful and refined, showing in his movements the perfect musician and master of the art of conducting. It is very gratifying to know that he will make

the orchestra, under his leadership, a permanent fixture at the University.

One of the most enjoyable features of the evening's entertainment were the solos by Dr. B. Merrill Hopkinson, class of 1885, which included: "Oh for a Day of Spring," by Andrews; "Maid of Athens," by Gounod, and "Old Maryland," by Jansen, the words of which were adapted by Dr. Hopkinson from "Alt Heidelberg."

Immediately following the concert a dance was held in the hall, the furniture having been removed for the purpose. It was thoroughly enjoyed by those who participated and was a fitting climax to the evening's entertainment.

The position of secretary to the Board of Health and Health Officer of the City of Cumberland, Allegany county, Md., will be vacant after May 1, 1914. Applicants must be trained sanitarians and bacteriologists, devoting their entire time to the office. A good salary is provided. File applications with or write for further information to the Board of Health, Cumberland, Md.

Dr. Edwin P. Kolb, class of 1912, is doing duty at Iola Sanatorium, Rochester, N. Y. He was formerly located at 121 North Carrollton avenue, Baltimore.

Among those who ran in the South Atlantic Championship Track Meet, held on Homewood Field May 1st and 2d, was Oliver P. Winslow, St. John's College, class of 1915, son of Professor Randolph Winslow, of 1900 Mt. Royal Terrace.

Dr. John Henry Sullivan, B. M. C., class of 1898, after an absence of four and one-half months, has returned to his home in Mount Clemens, Mich., and resumed his practice. Dr. Sullivan spent the winter in Tampa, Florida, having been ordered there for his health. We are glad to learn that he has recovered.

Among the recent visitors to our office was Dr. Guy Steele, class of 1897, of Cambridge, Md.

Dr. Charles E. Terry, class of 1903, is located at 118 West Adams street, Jacksonville, Fla.

Dr. Marshall P. West, class of 1901, is located at Catonsville, Md.

It will be interesting to note that Dr. Jorge del Toro, class of 1906, is located at 42 Aller street, San Juan, Porto Rico.

Mr. Morton W. Brotman, a member of the graduating class, has just been notified of his having successfully captured the first appointment at St. Mark's Hospital, New York City. The term is for two years dating from June 1st. Mr. Brotman is from New Jersey.

Drs. David W. Bulluck, class of 1873, and Ernest S. Bulluck, class of 1911, of 309 North Fourth street, Wilmington, N. C., read a paper before the Tri-State Medical Society at its recent meeting at Wilmington, N. C., entitled "Chronic Constipation Caused by Sigmoid Invagination."

Dr. Willis Alston, Jr., class of 1903, is located at Littleton, N. C.

While driving his automobile a few days ago, Dr. George W. Murgatroyd, B. M. C., class of 1910, of 2643 Greenmount avenue, ran into and knocked down a small boy. The child ran into the street in front of the automobile and Dr. Murgatroyd did not see him in time to stop the car. The injuries were slight.

At the one hundred and sixteenth annual meeting of the Medical and Chirurgical Faculty, held at Osler Hall, April 28th-30th, Dr. James Dawson Reeder, class of 1901, read a most interesting paper, entitled "Amputation of Rectum Made Necessary by Conditions Found at Time of Operation." The paper was received with much enthusiasm.

Dr. Nathan R. Gorter, Commissioner of Health, celebrated his fifty-fourth birthday April 25th. Dr. Gorter was born at Relay, Baltimore county, Md., April 25, 1860. He has been at the head of the Health Department a little more than two years, succeeding the late Dr. James Bosley.

Baltimore members of the Army Medical Reserve Corps, numbering about 40, have received letters from Surgeon-General Gorgas, of the

United States Army, asking them if they can leave and for what kind of service they consider themselves best prepared. The letter indicated that members of the corps may be required for duty as surgeons in the field, hospital and camp physicians, and physicians and surgeons who would remain at their home posts.

Among those of our alumni who received copies of the letter are Drs. John S. Fulton, State Commissioner of Health; Nathan Winslow, St. Clair Spruill, Cary B. Gamble, Jr., W. W. Requardt, J. Harry Ullrich, Charles E. Simon, W. C. Lyon, H. E. Ashbury, Randolph Winslow and Henry W. Kennard.

Dr. and Mrs. John C. Hemmeter, of 739 University Parkway, entertained Governor and Mrs. Phillips Lee Goldsborough at dinner Saturday evening, April 18th. About 20 guests were invited to meet the Governor and Mrs. Goldsborough. Among them were Dr. and Mrs. Thomas Fell of Annapolis, and General Rupert E. Blue, class of 1892, chief of the United States Public Health Service, Washington, D. C.

At a meeting of the Medical and Chirurgical Faculty, held April 30, 1914, at the Faculty building, 1211 Cathedral street, Dr. James W. Humrichouse, class of 1873, of Hagerstown, Md., was elected president for the ensuing year to succeed Dr. Randolph Winslow.

Dr. Humrichouse is one of the leading physicians and specialists of Hagerstown and Western Maryland. He was born in Baltimore, March 7, 1849, and is the younger son of Charles W. and Mary (Hawken) Humrichouse, and a descendant of ancestors who served in the French and Indian war and in the war of the Revolution.

He was educated at St. James College, Washington county, Md., and Pennsylvania College, Gettysburg, Pa., from which latter he graduated in 1869. Having determined on the profession of medicine as his vocation in life, he matriculated at the University of Maryland School of Medicine, and graduated from there with the degree of M. D. in 1873. He then went abroad, and from 1873 to 1878 was a student at Wurtzburg, Vienna, Strasburg and Berlin. In 1880 he located for general practice at Hagerstown. Dr. Humrichouse is a member of the American Medical

Association, trustee and former vice-president of the Medical and Chirurgical Faculty of Maryland, one of the organizers of the Medical Society of Washington county, Md., and also of the Cumberland Valley Medical Association, one of the staff of the Washington County Hospital, and a medical examiner of the United States Bureau of Pensions. He is a vestryman of St. John's Protestant Episcopal Church, Hagerstown.

He is one of the oldest members of the association, and not only is he prominent in Washington county, where he has lived for many years, but he has many friends throughout the State and in the medical profession throughout the country. He is a specialist in eye, ear, nose and throat work, and has been practicing in Hagerstown for the last 30 or more years.

In 1883 he married Miss Bessie Roman, a daughter of Benjamin Franklin and Sarah (Jacques) Roman of Washington county, and has one daughter, Louise Roman.

Dr. Alexander D. McConachie, class of 1890, and Mrs. McConachie, of 805 North Charles street, will sail from New York, July 8th, on the steamship Mauretania, and spend the summer in Europe.

Dr. Charles L. Mattfeldt, class of 1886, of Catonsville, Md., is a patient at St. Agnes' Hospital, suffering from an affection of the throat. Dr. Mattfeldt was operated upon several weeks ago at the hospital for throat trouble, which relieved him for a time, but several days ago he suffered a relapse. He has our best wishes for a speedy recovery.

Miss Eulalia Cox, University Hospital Training School for Nurses, class of 1912, who has been ill at the Hospital, has entirely recovered.

Miss Willie Hull, University Training School for Nurses, class of 1913, who was operated on at the Hospital some days ago, is doing nicely.

Dr. Reed A. Shankwiler, class of 1909, is superintendent of the Detroit Tuberculosis Sanatorium, Highland Park, Mich. Dr. Shankwiler is from Maryland, and he writes us that to his knowledge there is only one other University alumnus in Detroit, and he is Dr. William E. E.

Tyson, class of 1905. He also writes that he is much interested in the University publications, as they enable him to keep in touch with the spirit of the University. We wish that more of the alumni were as interested, as, while there are always a number who are, there are likewise a number who are not.

BIRTHS

Recently, to Dr. Frederick H. Vinup, class of 1909, and Mrs. Vinup, of 1221 Hollins street, Baltimore, a daughter. Mrs. Vinup was before her marriage Miss Marie B. Murchison, University Hospital Training School for Nurses, class of 1910.

Recently, to Dr. Albert M. D. McCormick, class of 1888, Medical Inspector, Commander, U. S. N., and Mrs. McCormick, of 8 Sampson Row, U. S. Naval Academy, Annapolis, Md., a daughter.

MARRIAGES

Katherine W. Welch, R. N., University Hospital Training School for Nurses, class of 1913, to Dr. Thompson B. Woods, at Washington, D. C., March 28, 1914. Dr. and Mrs. Woods will live in Maysville, N. C., where the groom is practicing his profession.

Lela Munder, R. N., University Hospital Training School for Nurses, class of 1904, of Boston, Mass., to Mr. Stanley L. Blood, of Brookline, Mass., April 15, 1914. Mr. and Mrs. Blood will be at home after the 15th of May at 1920 Beacon street, Brookline, Mass.

Dr. Clifford T. Sappington, class of 1903, to Miss Kate Eloise Kelly, a student of Hood College, both of Frederick, Md., at Frederick, April 13, 1914. Dr. Sappington is a native of Linganore district, Frederick county. After his graduation he spent three years in the exacting duties of hospital work, remaining one year at each of three hospitals, viz.: St. Joseph's, University of Maryland and Johns Hopkins, after which he located in Frederick. After a wedding trip Dr. and Mrs. Sappington will reside on East Patrick street, Frederick, where the groom is practicing his profession.

Dr. Humphrey W. Butler, class of 1913, of Brazil, S. A., to Miss Mildred Bartownia Baker, of Fredericksburg, Va., at Fredericksburg, April 23, 1914.

DEATHS

Dr. Philip Heldrich, class of 1883, of 2151 Wilkens avenue, died at his home after a lingering illness May 1, 1914, aged 63 years.

Dr. Heldrich was born in Bavaria, Germany, May 10, 1851. He was a son of George Heldrich and Betty Roesch, and is of distinguished ancestry, his father, counsellor of the government, having been decorated with the order of St. Ludwig and also of St. Michael.

Previous to coming to this country Dr. Heldrich was an officer of the Prussian army and saw active service in the Prussian war. At the outbreak of the war in July, 1870, he was serving as a military cadet, and was promoted to the rank of second lieutenant in the Eleventh Regiment Infantry, and served as such throughout the war.

Dr. Heldrich acquired his literary education in the public schools, the Latin school and in the gymnasium, all in his native country. Later he came to this country and entered the University of Maryland Medical School, graduating in 1883 with the degree of M. D. He began to practice in Elmira, N. Y., where he practiced until 1891, and in connection therewith he served as surgeon in the Thirteenth Separate Company, National Guard, State of New York, and also as a member of the board of examiners for pensions during the presidential administration of Mr. Cleveland. In 1891 he came to Baltimore, where he was engaged in active practice up to the time of his death. He was a great favorite with his patients and was loved by a large circle of friends and patients.

Dr. Heldrich was a member of the Medical and Chirurgical Faculty of Maryland, the Onkel Braesig Verein and the Heptasophs.

In 1883 he married Miss Minna Sommerfield, by whom he is survived, and one son, Frederick J. Heldrich.

M. E. Goldsborough, R. N., University Hospital Training School for Nurses, class of 1892, of Centreville, Md., died at her home after a lingering illness in March, 1914.

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TOAST TO CLASS OF 1914.*

JAMES W. KATZENBERGER, M. D.

It is customary, I believe, on occasions such as this, when one is called upon to make a speech, for that one to perpetuate that old whiskered excuse, namely, that he did not expect to be called upon. There is another method of introduction, namely, that no speech has been prepared. However, I am sorry to say that I have been forewarned, but hardly forearmed, for I'm sure that as an after-dinner speaker I am sadly lacking, and probably not the best one fitted to represent the Class of 1914 before this distinguished body; but as the now renowned Steve Brodie said, "I'll take a chance."

Of the Class of 1914 I feel proud; more, I am vain, for I believe and always will believe that the present graduating class has not had and never will have an equal. Perhaps it is proper for me to think this way; every man with red blood within himself, who has the least spark of loyalty about him, should entertain such thoughts. And why do I speak so of the Class of 1914? Because of the woman's reason—"just because it is." It may be that the professors of the University have inflated our beings by telling us from time to time that as a class we were superfine; but when we heard that, our turbulent beings were too troubled to consider seriously the flattery, but now that we know that the M. D. is close at hand we are vain enough to admit it.

The Class of 1914 represents men from practically every portion of the world. Not once during the four years spent here, now gone, but always to live in memory, not once has dissension

or ill-fellowship broken our ranks. We came as strangers; we part as friends, feeling as if we had known one another from boyhood days, and carrying away stored in memory's secret vaults naught but the sweetest recollections. We have stood for loyalty; we have fought for student honor; at times perhaps we were tempestuous—we made awful clamor and maybe threatened warfare; but if we did, it was only after mature deliberations; and if we thought that affairs at college were not progressing in a satisfactory manner, to whom did we turn with our petitions for change? It was to the Faculty, whose members we have always considered our friends, who always listened to our demands, who treated us as men should be treated, and with courtesy that sometimes made us feel ashamed later that we acted as we did. And to the Faculty of the University of Maryland, to the adjunct teachers, I wish, in behalf of the Class of 1914, to extend our sincerest thanks. They have paved the way toward making us whatever we may be, and if the Class should ever in some future day attain more than local prominence, that prominence will be due almost entirely to the teachings of the men whom a good God and a good fortune designed as our instructors.

There is little more that I can say. Perhaps a few words would be fitting concerning the amalgamation of the B. M. C. and the U. of M., taken from the student's point of view. In all candor, when the news first reached our ears we were a trifle disappointed. Both the B. M. C. boys and the U. of M. boys felt as if the change would be detrimental in many ways. But has it? No man can say yes. If he should, I would say, as our esteemed Professor Neale would put it, "In other words, Doctor, No." We greeted the boys of the B. M. C. as friends, they took our hands and re-

*Address delivered at the annual banquet of the Medical Alumni Association, May 30, 1914.

turned the salutation, with the result that together, like adopted sons, we plunged into the fight, linking the chains of union as the year progressed, with the final end that now there are no B. M. C. boys, but we are all, each and every one, proud and happy in stating that we are graduates of the old and glorious University of Maryland.

No doubt this is the last time that the Class of 1914 will be together, and in parting I wish to exhort them, needless though I think it is, to hold dear in memory their alma mater. Let them make manifestation of it; let us strive to aid the University in its onward march. And how? The University is struggling to endow her departments and in many other ways to rise. As the saying goes, "It needs mazuma." The tendency is, when once a man is graduated, to forget his college in its needs. But let us not forget, lest on the last great day of readjustment we find ourselves in the pen for sheep because we were muttonheads. If you get the lucre, divy up with the U. of M., instead of leaving it to homes for helpless cats. Forget the wrens, the bats, the swallows and the chickens, and it's yours for the Elysian fields.

I have a request to make to the class members, and that is, that just as soon as they are permanently located to send their names and addresses to Dr. Nathan Winslow, care of the HOSPITAL BULLETIN. We contemplate holding a reunion in a few years' time, and it is for this purpose that your residences are solicited. We trust that each and every man will hearken to the call to talk over old times, share companionship and tell experiences when the date is set.

In closing this ill-put and ill-framed—indeed, it has so many ills about it that I fear a physician would do nothing with it—I wish once more to thank the professors and teachers with whom we have been associated for their solicitous guidance and good-will that has always endeared them to us. To the Class of 1914, I fear the time has about arrived to part. But I'll not say good-bye (that is a hard word to say); rather I'll bid you *au revoir*, and with a heart that is full, may God in his infinite mercy and justice forever speed you on.

Miss Lucy Bright Squires, University Hospital Training School for Nurses, class of 1909, is located at 108 Ramsey street, Bluefield, W. Va.

THE TREATMENT OF GENERAL PARESIS.

By HENRY A. COTTON, M.D., Class of 1899.
Medical Director of the New Jersey State Hospital, Trenton, N. J.

Among the many types of mental diseases which were admitted to the State Hospital during the year, paresis forms quite a large percentage, varying from 10 to 15 per cent. in the last five years among the male patients.

Patients suffering from this disease usually last about three years, and death has been the inevitable end. Twenty-eight cases of paresis died in the State Hospital during the last year, which is about 14 per cent. of the total number of deaths. For years there has been quite a controversy as to the cause of paresis. In a large majority of cases it was found that they had had a previous infection of that dread venereal disease (syphilis), but some doubt has always existed whether the paresis was due directly to this cause, as in some cases it was difficult to establish the fact of the previous infection. The difficulty arose from the fact that the symptoms of paresis would not appear until 10, 15 or even 20 years after the initial lesion. The patient in the meantime showed absolutely no symptoms of the disease. In other words, such individuals consider themselves cured after a specific treatment, and it was hard to explain how paresis would come on after such a long period when no symptoms of any kind were present.

Only a few years ago a blood test was discovered by Wasserman and Plaut, by which evidence of this venereal disease (syphilis) could be detected. This has come to be known as the Wasserman reaction, and practically every case which has the germs in the body can be detected by this reaction.

About 75 per cent. of the patients suffering with paresis were found to show a positive Wasserman reaction both in the blood and cerebrospinal fluid.

The question as to the direct cause of paresis was settled last year when through the work of Dr. Thomas S. Moore, Pathologist of the Central Islip Hospital, New York, and Dr. Hydeo Noguchi, of the Rockefeller Institute, the germ of syphilis was found in the brain tissue of paretics

after death. The discovery of this germ formed an interesting chapter in medical history. Dr. Moore examined microscopically the brain tissue of over 70 cases of paresis, which tissue had been definitely stained to show this germ. However, he was unable to find the germ. Preparations were examined by Dr. Noguchi, who finally was able to identify the germ in 19 cases out of 70. This fact shows the great difficulty in identifying this germ in brain tissue. Through repeated attempts to find this germ, which had been unsuccessful, those interested in this work had given up hopes of ever finding it. Since this time Noguchi has introduced a method by which some of the difficulties of identifying the germ have been removed. German investigators have been able to find the germ in the spinal fluid also. The discovery of this germ immediately encouraged investigators in the State Hospitals to renewed energy in finding the cure for the disease. One means was in the possession of these men, and that was Salvarsan, a preparation discovered by Ehrlich of Germany, which preparation has been successfully used for the last two or three years in treating syphilis.

Dr. Homer Swiss and Dr. Arthur Ellis, physicians of the Rockefeller Institute, New York, have devised a method combining the intravenous injection of this drug with the injection into the spinal canal. They have used this successfully in the treating of locomotor ataxia, and Dr. Cotton, medical director of the New Jersey State Hospital, Trenton, in conference with them decided to apply this treatment to cases suffering from paresis, and this was the first attempt toward a radical cure of this disease. Since then other hospitals, notably the Government Hospital for the Insane at Washington, the Bloomingdale Hospital, White Plains, N. Y., and the Shepherd & Pratt Hospital, Baltimore, Md., have tried this method. The preliminary report of the work was given before the New York Neurological Society in October, and the results of these above named hospitals coincide with the results obtained by the State Hospital at Trenton.

The technique of this operation is somewhat complicated, but can be best described as follows: The Salvarsan is injected into a vein of the arm of the patient, and within one hour about 50 cubic centimeters ($1\frac{2}{3}$ oz.) of blood are withdrawn into a sterilized container. This blood is

allowed to stand over night and the serum which is produced by the blood clotting is then withdrawn and placed in a centrifuge for half an hour in order to precipitate any cells which may be present. To 15 cubic centimeters ($\frac{1}{2}$ oz.) is added 15 cubic centimeters of normal salt solution, this is then heated to a high enough temperature to destroy any other germs which may have gotten into the serum by contamination, and is allowed to stand on ice for some time. The next step of the operation is to make a lumbar puncture, which is done with a small needle, and the spinal fluid which bathes the spinal cord and brain is removed. The amount taken away is determined by the pressure as it comes from the spinal canal. A simple glass instrument is used to gauge this pressure, usually about 50 cubic centimeters ($1\frac{2}{3}$ oz.) is withdrawn. The serum mentioned above is then heated to body temperature and allowed to flow into the spinal canal. It has been shown that there is a definite circulation of the spinal fluid so that when the serum is injected into the lower part of the spinal canal, about the level of the hips, this fluid immediately reaches all parts of the brain. The effects of the treatment on the patient is determined in several ways:

First, is the general physical improvement shown by gain in weight, some patients gaining from 12 to 15 pounds in two weeks. The mental condition is also carefully observed.

Aside from these superficial observations of the patient's condition, very careful tests and analysis are made of the blood and spinal fluid. The number of cells in the spinal fluid is noted. Normally, there should not be more than about one to five cells to a cubic centimeter of fluid. One of the diagnostic points in paresis is the tremendous increase in the number of cells, usually from 50 to 100, sometimes even as many as 200 cells are present in the abnormal fluid of paresis.

Another characteristic of the spinal fluid is the amount of albumen which is found in serum, normally there should be no albumen, or as it is called, globulin, in the spinal fluid. But in paresis this element is always present in the fluid, and sometimes to a large amount. The presence of this element is found by chemical tests and the strength of the reaction indicates the amount of globulin present in the fluid. Weekly tests are also made of the blood and spinal fluid by means

of the Wasserman reaction, which detects, as has been explained, the presence of the germs referred to.

Paresis is an organic disease of the brain, and, as has been explained, always ends in death. The whole system is affected sooner or later, and after the first two years the patient usually takes to bed and becomes absolutely demented. Some of the mental symptoms are ideas of wealth—patient claims to have millions and millions of dollars; or that they are of great parentage. They lose all track of time, place and person, and have no idea where they are; memory becomes destroyed, they cannot recall the most important things in their life, and finally they become absolutely demented, having no intelligence whatever.

Accompanying the mental symptoms are definite physical disturbances. The knee jerks either become very much exaggerated or absent. The eyes become affected so that the pupils do not respond to light as they do in a normal individual. The speech is thick, tremulous and finally unintelligible. There is marked tremors of the hands, tongue and lips; they become unsteady on their feet, unable to walk and for this reason have to go to bed. The writing also is characteristic; it is tremulous, the patients leave out words and misspell words which they know quite well, and one could almost make a diagnosis from seeing the writing of these patients.

This picture is fairly constant of cases. Some few patients may improve and have what is called a remission of the symptoms for a few months, or even a year, but the result is always the same and presents a horrible picture of the ravages of the venereal disease spoken of. Fortunately only 4 per cent. of patients suffering from this venereal disease develop paresis.

Now the effect of the treatment has been marked in every case. The cell count, as in a majority of the cases, drops down immediately to normal. The Wasserman reaction gradually becomes weaker and weaker until it is finally negative. The last thing to show the effects of the treatment is the albumen or globulin, and only in five cases under treatment has this element disappeared from the spinal fluid. In a number of cases it has been possible to cause it to become negative, but it soon becomes strongly positive again.

The explanation for the reaction of globulin under treatment is as follows:

The paresis process destroys all the nerve elements in the brain, such as the nerve cells and fibres, and the results of this destructive process are shown in the globulin in the spinal fluid, so that even though it is possible to destroy the germs of the disease at the same time the process continues or has gone so far that it is impossible to do any good. This fact shows that it is very necessary that the patient should be treated in the very early stages before the brain becomes so affected that there is no hope. Unfortunately, brain tissue does not show the power of regeneration, and when once destroyed there is no chance to build it up again.

At the present time there are 14 cases under treatment at the State Hospital, Trenton. Of that number two show by their symptoms, physical and mental, that they are practically normal at the present time, and the reaction of the spinal fluid and blood shows that everything is normal. In one case, a female patient, the cell count has dropped from 54, which count was the same for one year, down to 1. The globulin also showed a drop from strong positive to negative.

The Wasserman reaction in the spinal fluid is negative and the blood Wasserman is slightly decreased.

In the other case which we consider practically recovered, or as better stated, the disease has been arrested before any damage had taken place, the cell count dropped from 42, which has been the same for a year, down to one. The globulin negative, and while the Wasserman reaction has shown some variation, at the present time it is negative, and both the blood and the spinal fluid as well.

Seven patients under treatment have shown remarkable improvement, both mentally and physically, by the tests mentioned, but we would not say that they had recovered yet; some of them have been under treatment too short a time.

Two of these patients left the hospital after a few treatments and were well enough to attend to their business, but were cautioned that their apparent cure was only temporary and they should return for treatment. One patient returned voluntarily the last of January, realizing he was getting worse, and since coming to the hospital has gained 13 pounds, and today from his mental and physical symptoms he could be pronounced normal, but it will take considerable longer treat-

ment before he will be well enough to leave the hospital.

This treatment was given the first time in April, 1913, and some of the patients have had as many as 12 injections. The remaining seven patients have shown some improvement mentally and physically and by their reactions, but this improvement only lasted a short time, and apparently the disease process was making a faster headway than could be controlled by the treatment.

Of these patients here in the last stages of the disease, little hope is held out for their improvement. Some of them had been in the hospital from one to two years, so that at the beginning it was anticipated that much could not be done for them. The results obtained certainly warrant the continuation of the treatment, especially in the early cases.

Recently a similar method has been devised and given some notoriety by a few hospitals that have treated such cases. This method differs from the one used in the State Hospital at Trenton in the fact that the serum, instead of being injected into the spinal canal in the lumbar region, is injected directly into the brain. The skull is trephined and a small amount of blood injected under the membranes covering the brain. The effects of this method over the one in use previously is due to the fact that the remedy is applied directly to the affected brain, and the dose is stronger than when it is injected into the spinal canal, where it is diluted two or three times by the spinal fluid, in other words, the whole strength of the drug is given at the point where it is most needed, and it is probable that this method will have to be adopted in severe cases.

The medical director of the State Hospital, Trenton, is arranging now to try this method on patients whose families request it.

The cerebral method is considerably more dangerous than the intra-spinal method because the skull has to be opened, and the cranial operation adds to the gravity.

Dr. W. B. Borden, First Lieutenant, M. R. C., U. S. A., class of 1906, who is stationed at Fort Sherman, Canal Zone, was a recent visitor to the University. He was formerly at Fort Bayard, New Mexico.

CHRONIC CONSTIPATION CAUSED BY SIGMOID INVAGINATION.*†

By DRS. D. W. and ERNEST S. BULLUCK,
Wilmington, N. C.

[Reprinted from the *Charlotte Medical Journal*.]

The sigmoid flexure is the natural storehouse for the feces. It has the longest mesentery, hence it is the most movable part of the colon. When empty this part of the bowel falls within the pelvis, but when filled it rises up in the abdomen and empties vertically into the rectum.

At the sigmoido-rectal junction there is a slight constriction due to the muscular ring, O'Beirne's sphincter; from here down the caliber of the rectum, rapidly increases in size. The presence of feces in the sigmoid causes a relaxation of O'Beirne's sphincter just as does the filling of the rectum cause a dilation of the anal sphincter. During defecation, after the fecal mass has passed from the sigmoid into the rectum, O'Beirne's muscle resumes its tonic contraction.

From this point the sigmoid worms itself into the cavity of the rectum, pushing the fecal mass ahead, acting as the piston of a syringe, the wall of which is formed by the rectum. This is well illustrated in nature by the intestinal protrusion which follows the evacuation of the horse.

Etiology.—The sigmoid and its mesentery vary greatly in length. When either are excessively long there is a tendency for the intussuscepting sigmoid to remain in the rectum after invagination instead of resuming its normal position. The same is true if there is great straining from irregular evacuations or excessive purgation. Again if the sigmoid enters the rectum before its own contents have passed through, it not only has nothing to push ahead, but occludes its own lumen so that the feces cannot pass through. Whether the invagination precedes or follows the fecal mass, if it does not return to its normal position the result is chronic invagination, causing a partial obstruction with resulting constipation.

Symptoms.—If the invagination is constant, only fluid matter will pass through, and this after strong purgation. However, if retained in the rectum long enough to allow the absorption of the fluid, formed stools follow. The place of af-

*Read before the Tri-State Medical Society at its recent meeting at Wilmington, N. C.

†Throughout this article constant reference is made to the work of Samuel Goodwin Gant.

fection becomes irritated, inflamed, and excretes small amounts of mucus. This causes some general heaviness and discomfort in the region of the rectum, with slight nausea. More common, however, is that condition in which the invagination is not constant, but recurs at intervals lasting from days to months. Between these intervals the bowels move reasonably well.

Treatment.—The condition is a surgical one. Purgatives, if strong enough, will move the bowels, but they aggravate the condition that causes their use. Physical and medicinal remedies are of little value.

Operation (Sigmoidopexy).—A two-inch incision is made over the left rectus muscle midway between the umbilicus and pubes. The fascias, muscle and peritoneum are divided. The Trendelenburg's position is secured and the wound retracted. The sigmoid is located and drawn to the mouth of the wound. If kinked or cramped by adhesions, these are removed. A place for suture is selected that will allow about two inches slack between the attachment and the rectum. This prevents tension and allows the normal amount of invagination. At the place of selection three silk sutures are passed through the muscle coat of the bowel on each side about three-quarters of an inch apart. The free ends of each suture are then threaded on a large needle and passed through the entire thickness of the abdominal wall, emerging three-quarters of an inch from the line of incision. The peritoneal layer is left unclosed over the gut to favor its attachment to the back of the transversalis fascia and the rectus muscle. The abdominal incision is closed and the emerging sutures from the wall of the sigmoid are tied over short segments of rubber tubing to a tightness that crushes the lumen of the tubing. The traction, exerted by the cramped tubing, is sufficient to make the suture cut through the gut wall and come away in about 10 to 14 days, by which time the sigmoid has become firmly attached. The bowels are made to move at the end of a week and the patient is kept in a recumbent posture for two weeks.

A convenient hour for moving the bowels is selected and the patient is required at this hour to sit at the stool daily. At first purgatives are used to overcome atony and establish the habit, but these are soon discarded.

Thus far we have operated upon six cases of this kind, and all have been promptly relieved in

a manner gratifying to both the patient and the physician.

RESPONDING TO A TOAST, "THE CLASS OF '64."

By G. H. BROWN, M. D.,
of *New Windsor*.

Gentlemen: I have been in the saddle so long that few of you have known me except as a comparatively old man. And yet I was once a boy I played marbles, forgot my prayers, went fishing on Sunday, longed for a pair of boots and a sword, and expected to be President of the United States.

Now, there is nothing strange in my having been a boy. Most men have been boys at some period of their lives. But there is something strange, something startling, in this twinkle-of-an-eye business! I was a boy with a ball in my hand. Presto!—and in what seems to me to have been but the twinkle of an eye I find myself a gray-haired man standing in the presence of grown-up men—earnest, serious, thoughtful, hard-working men who have seen fit to grapple with the most difficult and most important problems that have ever engaged the attention of mankind—problems concerning the health and material welfare of the human race.

The answers to many of these problems are still shrouded in mystery, but much has been done to help you solve these riddles which have gone so long unanswered. I have said that much has been done to help you, and I want to say something of those who have done this helpful work, and this brings me to a proper consideration of the year 1864.

But before I go further I extend a greeting to the class of that year.

How well do I remember that sprightly throng—every one a gentleman. There was wit and mirth and gayety, but there was also tenderness, love and loyalty. As the brave little band marched through the portals of the old University every eye was bright with hope, and every heart was filled with high and noble aspirations.

But what of this class fifty years later?

Of those who are living, some no longer feel the need of any profitable labor, and are resting in the shade. Some are still actively engaged in a work which they will never resign until the pale

hand of death shall beckon them away. But what of the rest?

If in the gray of the evening I turn my face toward the setting sun and bid this class file by, what do I see? In the front rank a few gray heads, and in their train a troop of ghostly shapes whose footsteps leave no sound. These are our dead. O, fallen soldiers of a worthy cause, I salute you! From your bright abode, your high estate, bend down your ears and hear our salutation! 'Tis all that we can do!

Now, from the Class of '64 let us turn to the period of 1864. This is an important period, for it marks the beginning of a revolution which resulted in the downfall of old methods and the establishment of medicine upon a scientific basis.

In 1864 the class which had graduated from the University of Maryland united with the classes which had graduated from all the universities of the world, thus forming one grand army of workers. And of this army *we* are members, and the triumphs of this army are *our* triumphs, and the glory of this army is our glory, and the achievements of this army are our achievements. Let us see what these achievements are.

In 1864, letters, and the arts and sciences were sufficiently advanced. There were poets and historians and architects, but in all the world there was, in the modern sense, not *one physician!* All was darkness and mildew.

People used cow-dung poultices for diphtheria, and sheep-dung for measles. Doctors salivated, and bled, and purged, and killed their patients with antimony.

Then came the great revolution of 1864, and of this revolution I will say a few words. About this time Dr. John Hughes Bennett published a work which changed the course of medical action throughout the world.

Although the first edition of his work appeared a little before this time, it was not until 1864 that he raised his hand and, with the courage of St. Paul, dared the doctors of medicine to continue in the presence of a civilized world the indiscriminate use of calomel and of the ever-ready lancet.

He bade them stay their hands and refrain from the use of large doses of antimony in pneumonia. His voice rang out like a bugle call to battle, and we were ready for the training. We enlisted, the revolution was on, and we were in the fray. We tore down the barriers of prejudice

and superstition; we overthrew the idols which our predecessors had so long worshiped. We stumbled amidst ruins, beautiful but unholy, for we were tearing down the temples which error had erected. And then we began to see a little light, and to us the light which we saw was the harbinger of the coming dawn. It foretold the coming of the day star, which was soon to illumine with its golden refulgence the whole medical world!

But our task was not finished. We knew that for a hundred thousand years the genius of real medicine had lain cold and lifeless in the sepulchre of ignorance. We knew that this genius of medicine still slumbered in the grave. We pressed on and on until at last, with eager hands, we rent the tomb asunder, and from its mouldy depths a form arose, shook from its freshened limbs the death shade and the grave clothes in which it was enshrouded, then stood erect, the peerless form of modern medicine.

Our work was done—our fight was won.

Long before medicine was established upon its present scientific basis, class succeeding class joined our ranks and helped us to the end. In fact, so numerous were the recruits, so great, so powerful were our leaders, and so marvelously brilliant was their work, that many of us were overshadowed, lost and forgotten. But somewhere we were marching, somewhere those of us who are living marched from the darkness of '64 to the glorious daylight of 1914. And if some of us have been humble privates, we have been faithful, and we are veterans.

To the young men I would say that no word I have uttered was intended to mar the luster of your own noble work and grand achievements. As your opportunities have been greater than ours, so your achievements will be greater.

To those of the Class of '64 who are still living I would say Godspeed! May the years which remain to you be as full of happiness as your past years have been full of honor and usefulness.

Dr. William L. Byerly, class of 1912, who is associated with Dr. St. Clair Spruill and in the dispensary with Dr. Gideon Timberlake, has been giving very popular lectures in Red Cross work under the auspices of the Public Instruction Committee.

"LIGNEOUS (WOODY) PHLEGMON."

By RAYMOND L. JOHNSON, M.D.,

Class of 1914.

Except for a few cases of ligneous phlegmon occurring in the abdominal wall, the small intestine, and on the arm, the largest percentage of all cases reported are those occurring in the neck. For this reason the neck condition will be described, though the pathology of the condition in other parts of the body is no doubt essentially the same. Probably the phlegmon in the abdominal wall which follows operations for appendicitis is next in frequency to that of the neck, though it is very rare.

The disease was first described by Reclus in 1894. It is an extremely chronic, suppurative inflammation of the subcutaneous cellular tissues of the anterior and lateral aspects of the neck. A boardlike hardness of the tissues gradually develops, confined, perhaps, to a limited area, but often enveloping the larynx and trachea, and even extending into the floor of the mouth. This mass consists of fibrous tissue and inflammatory exudate, and in it, after a period varying in lengths of time, finally appears numerous small ill-defined abscesses, or possibly large collections of pus due to the coalescence of smaller ones. The disease develops so remarkably slowly that weeks and even months may elapse before suppuration is manifest. For a long time there are none of the usual signs of inflammation, no pain, tenderness, local temperature or redness, simply a boardlike swelling. Later on the skin becomes involved and assumes a reddish violet hue, and may pit on pressure, somewhat resembling the cutaneous surface of a carcinoma.

The movements of the head may become restricted from the induration and infiltration of the muscles and subcutaneous tissues, but seldom from pain.

The etiology of this condition is very obscure. The ordinary pus-producing organisms are usually present, but other micro-organisms, such as diphtheria, pseudo-diphtheria, typhoid, and colon bacilli, as well as pneumococci, and even actinomycetes-bovis, have been found. Reclus assumes, and he may be correct so far as our present knowledge to the contrary goes, that this peculiar disease has no specific cause, but is due to the presence of organisms of attenuated viru-

lence acting upon tissues with high resisting powers, which take this unusual way of protecting themselves by a barrier of ligneous tissue; but against this theory is the fact that the most cases are seen in cachectic or weakened individuals.

Lang claims that "woody phlegmon" is always due to epitheliomatous infiltration, but his opinion is not sustained by others, neither has it been clinically substantiated.

It is likely that the process begins in the lymph glands which drain the mouth and nose, and it is possible that repeated infection from this source may keep it up.

The diagnosis is by no means easy, as may be shown by the fact that the condition is nearly always mistaken for carcinomatous or tuberculous infections arising from cervical lymph glands. Even the advent of suppuration foci does not always settle the question, as suppurative foci appear sometimes in connection with cancer.

The reddish violet color of the skin and the extensive boardlike induration resemble the so-called cuirass or leather breastplate of a Jewish high priest, and the similarity of the process to carcinoma is great, even on incision.

The treatment is not satisfactory. Extirpation of the entire diseased area is decidedly warned against. Hot fomentations may be employed and the abscesses incised as they present themselves, but the incision of a few small pus foci has little or no effect. Multiple incisions may be tried often with good results. If the bacillus of diphtheria has been demonstrated in the excised tissue or pus, diphtheria antitoxin is indicated. Potassium iodide should be used where there is reason to suspect infection from the "trepanoma pallidum."

The best hygiene, good food and tonics should be employed to build up the resisting power of the body, and the utmost cleanliness of the buccal and pharyngeal cavities should be insisted upon.

In a recent issue of the *Journal of the American Medical Association*, on page 1195, Vol. LX, there is reference to an article by W. Thedinga of a German clinic on the treatment of this condition by means of serotherapy, but much work is yet to be done before this or any other one non-surgical treatment can be said to be the "specific treatment" in all cases.

REPORT OF CASE OF WOODY PHLEGMON IN PROFESSOR WINSLOW'S SERVICE.

Patient, a well-muscled American negro, aged forty years, weighing 140 pounds, walked into the hospital on the evening of January 13, 1914, accompanied by his physician, who had advised his coming. Patient's occupation is "laborer on State road"; complaint, "lump on left side of neck." Family history was negative. Past history was also negative to all diseases except measles, whooping-cough, gonorrhea and malaria, none of which were complicated. Drinks coffee, and occasionally gin or whiskey. Present illness dated to "about January 1, 1914," when patient noticed a swelling on left side of neck, which was painless; the swelling seemed to increase daily and began to cause slight interference with rotation of neck, but no pain. The swelling grew progressively larger, and began to cause some anxiety, so that on the 7th of January he consulted a physician, who advised him to come to the hospital. He did not act on the advice of the physician, however, until about a week later (January 13, 1914), when he entered the University Hospital. His temperature on admission was subnormal, 96° F., pulse 85, and respirations 20, and remained the same until the following day, when the normal line was reached. An examination of the affected part revealed a hard and brawny area on left side of patient's neck, beginning about tip of mastoid process and extending down to the thorax, but not invading the area in front of sterno-cleido-mastoid muscle. The usual signs of inflammation, *pain, tenderness* and *local temperature*, were not present. The skin appeared slightly discolored and of a darker shade than the surrounding tissue, and the affected part having a boardlike stiffness.

Specimens of urine were sent to laboratory on the 14th, 15th and 17th. Nothing abnormal was found.

The temperature rose to 100° on the afternoon of the second day, and dropped to 98° by the morning of the third day (January 15, 1914), followed by a rise to 100.2° that afternoon. The temperature chart shows a continued fluctuation until the fifth day (January 19, 1914), on which day he went to operation at 1.30 P. M.

On the morning of operation a blood examination was made showing hemoglobin 90%, total leucocyte 11,000, and differential, polymorpho-

nuclear neutrophiles 79°, small mononuclears 30%, large mononuclears 3%, basophils 1%.

An examination made two days later (January 21, 1914) showed hemoglobin 90%, total leucocytes 11,200 polymorpho-nuclear neutrophile 75%, small mononuclears 21%, large mononuclears 21%, basophils 1%. A Wasserman was made on the 24th and found to be negative.

History of Operation.—At 1.30 P. M., January 19, 1914, patient was brought into Professor Winslow's clinic for "exploratory incision of neck." The anesthetic used was ether, by drop method, the field of operation being prepared by the alcohol and iodine technique. An incision about six inches long was made parallel with and over the left sterno-cleido-mastoid muscle. The skin was found to be firmly adherent to underlying structure, which was found to have the consistency and feel of gristle and to cut like cartilage. A part of the sterno-cleido-mastoid muscle was found to be infiltrated and fibrous along the posterior border. This portion was resected. A few small areas showing beginning necrosis were found scattered through the fibrous mass. Culture was taken for bacteriologic examination and specimen of the mass of tissue sent to laboratory for microscopic study and diagnosis.

Hemostasis was carefully looked after, wound closed with silkworm gut after having several gauze drains put in place, and patient returned to ward at 2.30 P. M. For six days after the operation patient's temperature continued to fluctuate between 99° and 100°, and then remained normal until he was discharged from the hospital on the afternoon of January 31, 1914.

The pathologist's report as to the nature of the tissue sent to laboratory for examination showed it to be "inflammatory."

It is to be regretted, in view of the fact that the best authorities are inclined to think that ligneous phlegmon is due to an attenuated micro-organism of some form, but are not yet agreed as to the one most frequently present, that no bacteriologic findings were reported, though culture was taken for them.

Health Commissioner Nathan R. Gorter has promoted Dr. Wilbur Page Stubbs, class of 1902, to medical examiner of schools, vice Dr. Richard A. Urquhart, deceased. Dr. Stubbs was formerly examiner of throats for the Health Department.

BOOK REVIEWS

TEN SEX TALKS TO GIRLS (14 years and older).
By Irving David Steinhardt, M.D., author of "Ten Sex Talks to Boys" (14 years and older); Instructor in Clinical Surgery and Assistant Surgeon, Cornell University Medical School; Assistant Pediatricist, Mount Sinai Hospital, o. p. d., New York City; Orthopedic Surgeon, New York Hospital, o. p. d., and Bronx Hospital and Dispensary; First Lieutenant, Medical Reserve Corps, U. S. A.; Member of American Medical Association, The American Society of Moral and Sanitary Prophylaxis, and The American Academy of Political and Social Science. With six illustrations. Cloth, \$1 net. 1914. Philadelphia and London: J. B. Lippincott Company.

Should children be enlightened concerning the processes of nature, especially the sexual? Some eminent authorities are firmly convinced the less the question is brought to the attention of the child the better. Other just as eminent authorities are of the opinion that every child should be simply but thoroughly taught those questions dealing with the sexual side of life. Amongst the latter is numbered Doctor Steinhardt. Both sides certainly have sufficient reasons for their stand, but the reviewer believes that under proper supervision the adolescent child should be sufficiently informed concerning the wonders of nature, so that he or she will know how to properly safeguard his or her health. When one considers, however, the risks run by medical students in matters sexual after the thorough instruction received along these lines, as well as the miserable victims exhibited to them in the clinic, one is compelled to hesitate as to whether the broad sexual talks advocated today will not do more harm than good. Leaving our personal opinion out of the question and returning to the book before us, we should say that it is an excellent one of its kind. The author, without mincing matters, has entered sufficiently thoroughly into those sides of the sexual question which every female should be familiar with. He gives a cursory, but for the purpose sufficiently comprehensive, review of the anatomy, physiology, pathology and hygiene of the female sexual tract. The talks are plain, and

if followed will inevitably result beneficially. Certainly every girl should be forewarned concerning the approaching monthly, and the dangers to be avoided while sick, besides other snares besetting her path, but the reviewer believes this should come from her mother rather than from a doctor, and a stranger at that. At any rate, the author handles his subject with becoming modesty, and what he says could not by the wildest stretch of the imagination be considered objectionable.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
Dr. Nathan Winslow, \$10.
Dr. D. W. Cathell, \$10.
Dr. Eugene Kerr, \$10.
Dr. Randolph Winslow, \$10.
Mrs. Randolph Winslow, \$5.
Dr. Hiram Woods, \$10.
Dr. J. W. Holland, \$10.
Dr. J. Mason Hundley, \$10.
Mrs. Nathan Winslow, \$1.
Dr. Joseph E. Gichner, \$1.
Dr. Ernest Zueblin, \$5.
Dr. Edgar G. Ballenger, \$10.
Dr. Louis W. Armstrong, \$5.
Thomas & Thompson Company, \$10.
Dr. Wilmer Brinton, \$5.
Dr. B. F. Tefft, Jr., \$5.
Dr. J. Sterling Geatty, \$2.
Henry P. Hynson, Phar. D., \$10.
Dr. C. W. McElfresh, \$3.
Dr. A. H. Carroll, \$5.
Mr. W. A. Shaw, \$5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JUNE, 1914.

THE COMMENCEMENT.

The annual commencement of the University of Maryland was held at the Lyric Theater on June 1, 1914, at 4 P. M. It was the largest and one of the most spectacular commencements that has ever been held by the University. Three hundred and seven students received diplomas—A. B. and B. S., 13; M. D., 97; LL. B., 98; D. D. S., 75, and Phar. D., 24.

The Regents and members of the various faculties robed in their academic gowns and distinctive hoods added color and brilliancy to the scene. The theater was packed with an appreciative audience. The annual oration was delivered by His Excellency Count Johann Heinrich von Bernstorff, Imperial German Ambassador, upon whom the honorary degree of Doctor of Laws was conferred. This degree was also bestowed upon Daniel Willard, President of the Baltimore & Ohio Railroad, one of the most distinguished railroad magnates in this country. The degree of Doctor of Literature was conferred upon Mr. Henry Ridgely Evans of the United States Bureau of Education, a distinguished author. The medical graduates were, as a rule, exceptionally well qualified men. Not only was the class carefully pruned during the first three years of its course, but at the final examinations a large percentage of candidates failed to meet requirements. The graduates of

the other departments are thought to be equally as well prepared as the medical. The past session reached the high-water mark in the history of the University in attendance, and we hope in scholarship. Next year the medical class will of necessity be diminished in numbers, as the new requirement of a year's work in chemistry, physics, biology and either French or German goes into effect.

A NORTH CAROLINA SCHOLARSHIP MEDAL.

Next to Maryland we have more students from North Carolina than from any other State. Fifteen from North Carolina graduated this year. Nearly every year there is someone from that State needing assistance to enable him to complete his course. It would be a very graceful and grateful act if some native of North Carolina, or if the alumni of that State, would endow a free scholarship for needy students from the Old North State. Three thousand dollars would endow such a scholarship in perpetuity. It is much needed and would be much appreciated by the Faculty and students.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	91 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	120 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00

1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00
1899.....	105 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	240 00
1907.....	120 00
1908.....	125 00
1909.....	65 00
1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	19 85

Total to June 1, 1914.....\$10,890 02

NEW SUBSCRIPTIONS IN MAY, 1914.

Joseph T. Smith, 1872.....	\$5 00
John E. Legge, 1899.....	50 00
Wm. L. Burns, 1908.....	25 00

Total for month.....\$80 00

Faculty of Physic Fund to June 1....\$20,713 63

ITEMS

The one hundred and seventh annual commencement of the University of Maryland was held at the Lyric Monday afternoon, June 1, 1914, at 4 o'clock. The order of exercises was as follows:

- Overture—"Ruy Blas".....Mendelssohn
 Selection—"Sari".....Kalman
 Selection—"Sunny South".....Lampe
 1. Music—March "Aida".....Verdi
 2. Prayer by Rev. Edwin B. Niver, D.D.
 3. Music—Cornet Solo, "At Thy Sweet Voice,"
 from "Sanson et Delilah".....Massenet
 4. Address to the Graduates, His Excellency, Count
 Johann Heinrich von Bernstorff, Imperial Ger-
 man Ambassador.
 4. Music—"Humoresque".....Dvorak

6. Conferring of Degrees by the Provost of the University.
 Candidates for the Degrees "Bachelor of Arts" and "Bachelor of Sciences" presented by the Dean of the Faculty of Arts and Sciences.
 Candidates for the Degree "Doctor of Medicine" presented by the Dean of the Faculty of Physic.
 Candidates for the Degree "Bachelor of Laws" presented by the Dean of the Faculty of Law.
 Candidates for the Degree "Doctor of Dental Surgery" presented by the Dean of the Faculty of Dentistry.
 Candidates for the Degree "Doctor of Pharmacy" presented by the Dean of the Faculty of Pharmacy.
 7. Conferring of Honorary Degrees.
 8. Music—"Cossack Revels".....Tschakoff
 9. Award of Prizes.
 10. Music—March, "The National Emblem."
 L. H. Fisher, Director of Orchestra.

There were 307 graduates. They were presented by the deans of their respective departments, and were classified as follows:

Bachelor of Arts.....	12
Bachelor of Science.....	1
Doctor of Medicine.....	97
Bachelor of Laws.....	98
Doctor of Dental Surgery.....	75
Doctor of Pharmacy.....	24

Students who received degrees were:

BACHELOR OF ARTS.

Godfrey Child,	Daniel Earl Smith,
Robert Lincoln Christian,	Benjamin Milton Cissel,
Royal Lee Hobbs,	Roy Parks Smith,
Lucius Q. C. Lamar,	John Walker Holman,
William Dove Noble,	William Randolph Wood-
Samuel Maurice Phillips,	ward.
Wilmer Stanley Phillips,	

BACHELOR OF SCIENCE.

Harry L. Reeder.

DOCTOR OF MEDICINE.

John Robert Agnew, New York.
 Charles Wallace Armstrong, North Carolina.
 Charles. Carlin Ayres, Maryland.
 Antonio Balart y Cros, Cuba.
 Yates Middleton Barber, Virginia.
 Ralph Henry Banes, North Carolina.
 George William Bishop, Maryland.
 Lowrie Wilson Blake, South Carolina.
 William B. Blanchard, Connecticut.
 Clark Stetson Bogart, Pennsylvania.
 Theron Robert Bradley, New York.
 William David Rockwell Brandon, North Carolina.
 James Chester Brogden, South Carolina.
 Morton Maier Brotman, New Jersey.
 Horace Wellington Byers, North Carolina.
 John Cabeen Caldwell, South Carolina.

Arturo Casilli, New Jersey.
 Haynsworth Dowling Clark, Florida.
 Hugh Edgar Clark, Virginia.
 Roland Smith Clinton, North Carolina.
 Alexander Stuart Matheson Coleman, Georgia.
 Everett Le Compte Cook, Maryland.
 Wilford A. Hall Council, Virginia.
 Lawrence Dennis Cremin, New York.
 George Bruce Crist, Maryland.
 John Burnett Culverhouse, Massachusetts.
 Gilbert Latoria Dailey, Pennsylvania.
 Benedetta Francis D'Angelo, New York.
 Walter L. Denny, Jr., Maryland.
 Theodore McCann Davis, South Carolina.
 James Furman Dobson, South Carolina.
 Cranford Haywood Douthirt, Maryland.
 C. Elmo Dovell, Virginia.
 J. Earle Dull, Pennsylvania.
 Jose Ramon Echeverria y Mora, Cuba.
 John Mathew Francis English, Rhode Island.
 Richard I. Esslinger, Maryland.
 John Smith Fenby, Maryland.
 Hugh Vincent Gillson, New York.
 Victor Leslie Glover, West Virginia.
 H. Clifford Grant, North Carolina.
 George G. Grazier, Pennsylvania.
 Bruce Hetrick Guistwhite, Pennsylvania.
 Charles Carroll Habliston, Maryland.
 Cecil Starke Hassell, North Carolina.
 Claire Crouse Henderson, North Carolina.
 Claude Bernard Hicks, North Carolina.
 Clarence Calvin Hoke, Maryland.
 Aaron Louis Holstein, New Jersey.
 Eugene Leroy Horger, South Carolina.
 Raymond Lovejoy Johnson, Florida.
 James Wesley Katzenberger, Missouri.
 Morris Benjamin Levin, Maryland.
 Nolan D. C. Lewis, Pennsylvania.
 Bayard Lee Liggett, West Virginia.
 Louie Mixson Limbaugh, Florida.
 Samuel Glen Love, South Carolina.
 John Francis Lutz, Maryland.
 George Boyce Lynch, North Carolina.
 Charles Lowe Magruder, Maryland.
 Challice Haydon Metcalfe, Maryland.
 Byron Y. Miller, Vermont.
 Alfred Mordecai, North Carolina.
 Joseph F. Munnerlyn, South Carolina.
 Albert David McFadden, Alabama.
 William Edwin McLellan, Maryland.
 Fuller Nance, Maryland.
 Richard Baxter Norment, Jr., Maryland.
 John Charles O'Neill, Connecticut.
 Marcus Ostro, Delaware.
 Nicholas William Pinto, New Jersey.
 Benjamin Pushkin, Maryland.
 Will F. Rice, North Carolina.
 Walter Leland Richards, Maryland.
 Ernesto Romeu Ortiz, Porto Rico.
 Najib Alfred Saadeh, Syria.
 Faustino Sarinas y del Rosario, Philippine Islands.
 Abraham Schapiro, Pennsylvania.

Marcus Duke Smith, Maryland.
 William Martin Stahl, Connecticut.
 Harry M. Stein, Maryland.
 Charles Manfred Stephens, Pennsylvania.
 Emmet James Stewart, Maryland.
 George Loutrell Timanus, Maryland.
 Clarence C. Tolleson, Maryland.
 Raymond Mody Troxler, North Carolina.
 Porter Paisley Vinson, North Carolina.
 William Sebastian Walsh, Rhode Island.
 Jesse R. Wanner, Maryland.
 Howard Hoge Warner, Maryland.
 William Carl Whitesides, South Carolina.
 David Tressler Williams, Virginia.
 Frank Minium Wilson, Maryland.
 Frank W. Wilson, North Carolina.
 Vernon Stevens Wilkinson, Maryland.
 Austin H. Wood, Pennsylvania.
 Charles Augustus Young, Maryland.

PRIZEMEN.

University Prize, *Gold Medal*—Theodore McCann Davis.

Certificates of Honor.

Morris Benjamin Levin,	Richard Baxter Norment,
Austin H. Wood,	Porter Paisley Vinson,
	William Sebastian Walsh.

BACHELOR OF LAWS.

Rowland K. Adams,	John Ganster,
Harry Francis Herr Baugh-	C. Burton Gibbs,
man,	Murray Lloyd Goldsbor-
W. Nelson Beale,	ough,
John J. Beall,	Walter Shimer Goodrich,
John Bernard Beger,	Cecil Vernon Goslee,
Henry Doterer Blair,	Charles Marion T. Gosnell,
George Oscar Blome,	James Woodall Green,
William Edward Bock-	Klein Kinzer Haddaway,
millar,	Arthur Everett Hamm,
William Jones Bratton,	Oliver Young Harris,
Ralph Drew Broadrup,	Ollie Earl Harvey,
John Adrian Cannon,	Harry Jacob Hodes,
William Baruch Claggett,	Anderson Dana Hodgdon,
Jr.,	Henry Edward Hoenes,
James Alexander Clark,	Charles Lee Hutchins, Jr.,
Stanley Lockwood Coch-	Thomas Isekoff,
rane,	Edward Francis Johnson,
Albert Joseph Curran,	Willis Roscoe Jones,
Joseph Franklin Collinson,	James Owen Knotts,
Arthur Bosley Connelly,	Ira Day Lang,
Charles Muschette Daley,	Robert Loran Langsdale,
John Milton Dandy, Jr.,	Edward Lemke,
Garland Bascom Day,	Charles Sebastian Lerch,
Raymond Keenan Den-	Ellis Levin,
worth,	Matthew Miller McCullom,
Charles Ciro Dipaula,	James Walter McDonnell,
Grant Diver,	Alfred Trickett McDor-
Charles Henderson Doing,	man,
Elbridge Brent Donald-	Harry Childs McMechen,
son, Jr.,	John Edgar Magers,
Joseph Davis Donovan,	George Elbert Marshall,
George Alfin Epply,	John Elmer Martin,
George Herman Feldhaus,	McCall Medford Merritt,

Robert Carter Morrow,	Moses Wiesenfeld Rosen-
Leslie Sanchez Morton,	feld,
Paul Boyd Mules,	Isador Salganik,
John William Nicol, Jr.,	John Harry Schisler,
William Henry Harrison	John Paul Schmidt,
Noeth,	Henry William Schultheis,
Bernard James Nolan,	Carl Ober Spamer,
Joseph Donald Noonan,	Harold Tschudi,
Lewis Etienne O'Brian,	Louis A. Tuvin,
Jacob Frederick Obrecht,	Frederick Henry Wagner,
Jr.,	Jr.,
George Fox Corse Oye-	Ludwig Wagner, Jr.,
man,	James Patrick Walsh,
George Edward Pickering,	Edwin Warfield, Jr.,
Harry Edgar Pohlman,	Sedwick Ralph Warnken,
Benjamin Rush Powel,	Joseph Elmer Weisheit,
John Louis Raap,	George Garrett Wheeler,
William Franklin Reed,	Oliver Chambers White,
William Theodore Revell,	Robert Samuel White,
William Joseph Riordan,	Arthur Everett Williams,
Henry William Ritter,	William Caspari Wylie.
Harry LeRoy Robinson,	

DOCTOR OF DENTAL SURGERY.

Frank Harry Ackrill, Connecticut.
 Frederic Banker Askins, New York.
 William G. Beland, Massachusetts.
 Leslie Dunbar Bell, Bermuda.
 Rene A. Bibeau, Massachusetts.
 Frank Ruhl Bristol, New York.
 Aaron A. Bross, Connecticut.
 Willard Clifford Bundy, Rhode Island.
 Eva Carroll Carter, Virginia.
 Joseph Costa Carvalho, Massachusetts.
 Salvador Augusto Cocco, Dominican Republic.
 Jacob Joseph Cooley, Massachusetts.
 George Ambrose Dunphy, Rhode Island.
 Maurice Sidney Dunn, Connecticut.
 Armando I. Fajardo Maymir, Cuba.
 Harold J. Foley, Massachusetts.
 Harvey Kemp Foster, North Carolina.
 John Henry Frederick, Maryland.
 Wallace D. Gibbs, North Carolina.
 Lewis Goldstrom, Jr., Maryland.
 Ramon G. Goyco, Porto Rico.
 Benjamin Gross, Connecticut.
 Michael Groves, South Carolina.
 Benjamin Adams Guard, Virginia.
 Manuel Gonsalves Guerra, Portugal.
 Elmer E. Hachman, Maryland.
 Dalton LeCrone Harbaugh, Pennsylvania.
 Benjamin J. Hammett, Jr., South Carolina.
 David S. Highkin, Maryland.
 Matthew Cameron Holmes, Maryland.
 Joseph Hoy, Massachusetts.
 Harold Edward Hyde, West Virginia.
 William Troy Jenkins, West Virginia.
 Herbert E. Keller, New Jersey.
 Harry B. Lacy, Virginia.
 John Richard Lamb, New York.
 Henry R. Lasch, Connecticut.
 J. J. Leininger, New York.

Arthur H. Lepine, Massachusetts.
 Jacob B. Levenson, Maryland.
 Herbert F. Lewis, New Hampshire.
 Clarence William Mara, Connecticut.
 Abraham H. Mendelsohn, Maryland.
 Chester Ezekiel Miller, Maryland.
 Joseph S. Mitchell, Massachusetts.
 F. Ulisses Odio Mendez, Cuba.
 Sanshiro Okugawa, Japan.
 Robert Milton Olive, North Carolina.
 Thomas Francis O'Neil, Connecticut.
 P. P. Payne, Maryland.
 Henry Thomas Phelan, Rhode Island.
 Henry James Pieper, New York.
 Solomon Louis Quitt, Maryland.
 John Richardson Radice, Maryland.
 W. Ray Richards, Maryland.
 J. Ben Robinson, West Virginia.
 Frank Leston Rogers, Massachusetts.
 C. Albert Ruppertsberger, Maryland.
 Charles Mack Sanders, South Carolina.
 James Henry Samuel, New Jersey.
 John Patrick Sheehan, New York.
 Thomas Luther Spoon, North Carolina.
 Maurice Ernest Stein, New York.
 Julius Henry Summerfield, Maryland.
 William Comfort Taylor, North Carolina.
 John Covington Tinsley, Virginia.
 Julian M. Tiss, New York.
 Francis Henry Vail, Connecticut.
 Robert Lee Ward, Alabama.
 Harold Eugene B. Webb, Maryland.
 B. Sargent Wells, West Virginia.
 George James Whalen, Massachusetts.
 Adolphus Erle Worsham, North Carolina.
 William Thomas Wright, Jr., Virginia.
 Edwin Cooper Yost, Virginia.

PRIZEMEN.

University Prize, *Gold Medals*—J. Ben Robinson, Harvey Kemp Foster.

Honorable Mention.

Manuel G. Guerra, George J. Whalen.

DOCTOR OF PHARMACY.

Charles L. Armstrong, Maryland.
 George Joseph Ayd, Maryland.
 Joseph Myer Bransky, Maryland.
 Frank Neal Britcher, Pennsylvania.
 Samuel C. Cohen, Maryland.
 Allen M. Don, Connecticut.
 Eugene D. Doty, Maryland.
 L. Reyner Dukes, Maryland.
 Carl J. Flom, Russia.
 Claude E. Harris, South Carolina.
 W. Ray Johnson, West Virginia.
 Sigismund V. Karwacki, Maryland.
 Ross Jackson Leader, West Virginia.
 Frontis Lentz, North Carolina.
 Israel Liebmman, Russia.
 William Earl McClure, Maryland.
 Annie M. Patterson, Maryland.

Thomas Homer Phillips, West Virginia.
 Ferdinand Pross, Jr., Maryland.
 Angel Antonio Rodon y Norma, Cuba.
 Charles J. Rowe, Maryland.
 J. Edward Schmidt, Maryland.
 Charles Kenneth Stotlemeyer, Maryland.
 Harvey Edwin Todd, South Carolina.

PRIZEMEN.

Gold Medal for General Excellence—Frontis Lentz.

Certificates of Honor in Order of Merit.

Charles L. Armstrong, Ferdinand Pross, Jr.,
 Annie M. Patterson.

SPECIAL PRIZES.

Simon Medal for Superior Work in Chemistry—
 Frontis Lentz.

Junior Class—Honorable Mention in Order of Merit.
 Wilmer H. Schultze, W. I. Nathanson.

The following honorary degrees were awarded:

President Daniel Willard of the B. & O. Railroad—LL.D.

Count Johanne Heinrich von Bernstorff, German Ambassador to the United States—LL.D.

Henry Ridgely Evans, of the Editorial Division of the United States Bureau of Education—Lit. D.

After serving as surgeon of Troop "A," Maryland National Guard, since its organization 16 years ago, Dr. Charles G. Hill, professor of psychiatry, University of Maryland, has been placed on the retired list. Dr. Hill is superintendent of Mount Hope Retreat.

Dr. Leo M. Cavanaugh, class of 1913, is located at Cresaptown, Md., where he is practicing his profession.

Dr. Marshall Langton Price, class of 1902, formerly of 6 East Franklin street, Baltimore, is stopping at the Belgravia, Boise, Idaho.

Dr. Hampson G. Biedler, class of 1876, of 119 West Saratoga street, who has been seriously ill with ptomain poisoning, is much improved.

Dr. Joseph Angelo Devlin, class of 1906, is located at 114 West 87th street, New York, N. Y.

Miss Naomi Helland, University Hospital Training School for Nurses, class of 1911, has been appointed nurse in the public health work, tuberculosis division.

Miss Grace O. Hull, University Hospital Training School for Nurses, class of 1914, who has been a patient in the hospital, is improving.

The University Hospital Training School for Nurses held its graduating exercises on the evening of May 14 at Lehmann's Hall. The Rev. Arthur B. Kinsolving offered prayer, the address was given by Dr. Charles W. Mitchell, and the diplomas were presented by Dr. Thomas Fell, Provost of the University. There were thirty graduates, as follows

Letitia Elvira Lord, West Virginia; Marie Elizabeth Sander, Maryland; Lula Rebecca Stepp, North Carolina; Bertie Mae Sigmon, North Carolina; Grace Belle Stoneham, Virginia; Olive Belle Burns, Maryland; Bertie Rebecca Hughes, Maryland; Sadie Ethylind Davis, Maryland; Virginia Rebecca Clendenin, Maryland; Pearl Ivory Grant, Maryland; Julia Cecelia Foley, Maryland; Meno Pearl Weaver, North Carolina; Maude Estelle Miller, Maryland; Marie Katharine Balsley, North Carolina; Jessie Sier Funk, Maryland; Alice Keturah Coulbourne, Maryland; Lucy Courtney Hill, Maryland; Grace Ozella Hull, Virginia; Ann Griffith Dukes, Maryland; Bessie May Roussey, Maryland; Carrie Edith Murray, Virginia; Frances Arlington Shelton, Virginia; Abigail Gertrude Ryan, New York; Elsie Spring McCann, Maryland; Marjorie Boteler Sprecher, Maryland; Margaret Jane Ervin, Maryland; Edythe Lavenia Ervin, Virginia; Katharyn Regina Zepp, Maryland; Dorothy May Weber, Georgia; Carrie Heath Hudnall, Virginia.

The Nurses' Alumnae Association of the University of Maryland gave a reception to the graduating class on the evening of May 11 at the hospital.

Miss Lida P. Gray gave a brief but interesting history of the Training School for Nurses.

Mrs. Ether P. Clarke, president of the association, gave a very interesting report of the convention of the American Nurses' Association in St. Louis, to which she was a delegate.

Refreshments were served and a social evening was spent.

Dr. J. Rightson Robertson, class of 1910, is located at 207 Leonard Building, Augusta, Ga. He was formerly an intern at the Soldiers' Home

Hospital, Washington, D. C., but for the past two years has been located in Georgia, where he is engaged in practicing his profession.

Dr. Platt Walker Covington, class of 1908, is Chief of the Bureau of County Health, North Carolina State Board of Health, Raleigh, N. C.

The Medical Alumni Association held its annual meeting at the Hotel Emerson at 7 o'clock P. M. May 30, President John I. Pennington, M. D., class of 1896, in the chair. Reports were made by the various committees and the following new members elected:

Drs. Robert E. Abell, Herbert A. Codington, Charles Reid Edwards, Howard N. Freeman, William Frank Gemmill, Leonard Hayes, R. Bruce Patrick, R. Gerard Willse, Howard Yeager, Burt Asper, H. L. Brent, H. E. Clark, Walter L. Denny, R. B. Norment, Jr., R. B. Norment, Sr., J. A. Duggan, J. G. Schweinsberg, Jenifer Daniel of St. Thomas, Elmer Newcomer and W. G. Clopton.

The treasurer's report was read by Dr. John Houff, showing receipts of \$586.89, disbursements of \$309.83, and a balance of \$276.06 in the treasury.

The officers elected for the ensuing year are as follows:

President—Dr. James H. Jarrett.

First Vice-President—Dr. Joseph T. Smith.

Second Vice-President—Dr. Arthur M. Shipley.

Third Vice-President—Dr. J. Charles MacGill.

Recording Secretary—Dr. Albert H. Carroll.

Assistant Recording Secretary—Dr. Howard W. Jones.

Treasurer—Dr. John Houff.

Executive Committee—Drs. G. Lane Taneyhill, C. R. Winterson, B. Merrill Hopkinson, S. K. Merrick and John I. Pennington.

Immediately following the business meeting the members adjourned to the roof garden, where the annual banquet was held.

Rev. H. M. Lichliter, pastor of Grace Methodist Episcopal Church, was the orator of the evening, addressing the physicians and surgeons on "Some By-Products of Medical Science."

Other addresses were made by Dr. Ridgley B. Warfield, representing the faculty of the medical

school, and Dr. J. W. Katzenberger, representing the class of 1914.

Dr. John I. Pennington, the retiring President of the alumni association, made an introductory address, and the speakers of the evening were introduced by Dr. Albert H. Carroll, the toastmaster.

Dr. B. Merrill Hopkinson, a member of the association, and Hobart Smock entertained the banqueters with solos.

Dr. Robert E. Abell, class of 1912, and for two years assistant to Dr. St. Clair Spruill, will return to Chester, S. C., where he will practice surgery. Popular as a student, universally liked and admired as a hospital resident, with a splendid foundation in medicine and in surgery, it is safe to predict for him a brilliant future. Were these qualifications not as great as they are, success could not help but be his, because of his common sense and charming personality. Dr. Abell will be missed, but he will take with him our best wishes. He will aid in spreading the good name of THE HOSPITAL BULLETIN in his home State in no small way.

Dr. C. E. Dovell, class of 1914, will go to Cumberland, Md., where he will have charge of the very large interests of F. Merton & Sons' Orchard District. It is a broad field and a splendid opportunity. He is to be congratulated.

Dr. H. D. Clark, class of 1914, will be at the Garrett Hospital for the coming year.

Dr. Albert H. Carroll, class of 1907, gave an illustrated lecture in Cambridge, Md., on flies, and was entertained while there by Dr. Brice Goldsborough.

Dr. Randolph Winslow is to be highly commended upon his appointments to the various committees for 1914 of the Medical and Chirurgical Faculty. The University of Maryland supplied him with able material for committee work, and his appointees will undoubtedly be continued in many instances by the new president. A full report of the Committee on Public Health Instruction appears in the May issue of the *Medical and Chirurgical Bulletin*. Drs. Jos. E. Gichner, A. H. Carroll, H. G. Beck, S. J. Fort and Emil Novak form this committee. Drs. W. L. Byerly,

Frank Lynn and Edward A. Looper have each been appointed as Red Cross instructors to various groups of Camp Fire Girls. Many public lectures have been given in the schools and various other places.

Dr. Winslow is ever ready to afford an opportunity for work and for the extending of the influence in this and in other ways to the graduates of the University of Maryland. Others serving on various committees are: Drs. A. M. Shipley, G. Lane Taneyhill, Harry Adler, Herbert Harlan, David Streett, William J. Todd, B. M. Hopkinson, Gordon Wilson, Thomas A. Ashby, Charles W. Mitchell, Wm. Caspari, Ernest Zueblin, A. P. Herring, John S. Fulton, H. J. Maldeis, H. W. Stoner and L. E. Neale.

This in no way is an overbalancing by University men, but it serves to illustrate in its small way, how wide is the influence, and how great is the usefulness of the University graduates. Let us congratulate Dr. Winslow upon his firm stand taken during the past year in regard to many perplexing questions which have come before the Faculty. He has handled them bravely. His diplomacy belongs to that type which brings about its result through clear thinking and a lack of fear in expressing his earnest convictions. He is to be admired for his toleration, but one to be dreaded where straightforward methods and ethical procedure are in question. Much has been accomplished which might not have come about had a less forceful person served as President for 1914.

Dr. Benjamin Newhouse, class of 1912, of 1136 6th street N. W., Washington, D. C., writes that one of his classmates, Dr. Joseph Rottenberg, is located in Detroit, Mich., where he is practicing his profession. In the May issue we published an item to the effect that to our knowledge there were but two University alumni located in Detroit, viz., Drs. Reed A. Shankwiler, class of 1909, and William E. E. Tyson, class of 1905. We should be glad to receive information concerning any others located there.

It may be of interest to our readers to know that the Medical School of the University is the oldest of the departments, and ranks fifth in point of age among the medical colleges of the United States. The first class, consisting of five members, was graduated in 1810. The list of gradu-

ates in medicine of the University of Maryland now numbers 6012, drawn from all parts of the United States and from abroad, among which are to be found some of the most noted names connected with the history of medicine in our country.

William L. Hart, Captain, M. C., U. S. A., class of 1906, is stationed at Galveston, Texas.

The many friends of Mrs. Nathan Winslow, who was operated on at the University Hospital, May 31, will be glad to learn that she is doing nicely and expects to leave the hospital in a few days. Mrs. Winslow was, before her marriage, Miss Margaret Kable Massey, University Hospital Training School for Nurses, class of 1903. After her graduation she practiced her profession for a short time, and on October 5, 1904, was married to Dr. Nathan Winslow, class of 1901, clinical professor of surgery at the University. Mrs. Winslow has always taken a great interest in anything pertaining to the uplifting of the nursing profession, especially with regard to her alma mater, for a number of years and at present being treasurer of the Alumnae Association of the University Hospital Training School for Nurses. She is also treasurer of the Ladies Auxiliary Board of the University Hospital. Her friends wish her a speedy recovery.

BIRTHS

To Dr. Walter H. Mayhew, class of 1901, and Mrs. Mayhew, June 3, 1914, a daughter, Matilda Ruth Mayhew. Dr. Mayhew is a resident physician at the State Sanatorium, Sabillasville, Md.

To Dr. George C. Lockard, class of 1903, associate professor of clinical medicine and pediatrics, and Mrs. Lockard, of 1631 West Lafayette avenue, in May, 1914, a son.

MARRIAGES

Dr. H. Clifford Grant, class of 1914, of North Carolina, to Miss Nora J. Mee of Baltimore, Md., at Baltimore, June 1, 1914. Dr. Grant will take his bride to his home in North Carolina.

Dr. J. C. Pound, Baltimore Medical College, class of 1896, to Miss Bertha M. Costello, both

of Baltimore, Md., at Baltimore, June 1, 1914. Immediately after the ceremony Dr. and Mrs. Pound left on an extended automobile tour.

Lullie B. Carter, R. N., University Hospital Training School for Nurses, class of 1909, of Roanoke, Va., to Mr. George Hyde Hopkins of 1531 Linden avenue, at Baltimore, May 25, 1914. Mr. and Mrs. Hopkins will be at home to their friends after September 1 at 1531 Linden avenue.

DEATHS

John Thomas Shepherd, Acting Assistant Surgeon, U. S. P. H. and M. H. Service, class of 1874, an active member of the Association of Military Surgeons of the United States since 1905, died at his home in Chattanooga, Tenn., March 22, 1914, from heart disease, aged 64 years.

He was born in Troup county, Georgia, April 21, 1848, the son of John W. and Mary (Skinner) Shepherd. His preliminary education was received in the schools of Cartersville, Ga., and his medical course was taken at the University of Maryland, from which he was graduated in 1874. After a term as interne in the Baltimore Infirmary he returned to Cartersville and practiced there until 1885, when he moved to Chattanooga, Tenn. He was for four years physician to the Hamilton County Hospital and a member of the visiting staff of the Baroness Erlanger Hospital, Chattanooga.

At the age of sixteen he entered the Confederate Army and served for the last two years of the war.

On August 31, 1888, he was appointed acting assistant surgeon in the Public Health and Marine Hospital Service, and remained in that position and in that station until its abolition in August, 1911. He had been in ill health for the last two years of his life.

Dr. Morris R. Bowie, class of 1908, of Somerset, Colorado, died at his home in October, 1913, aged 27 years.

Dr. Robert R. Norris, class of 1878, of Parkton, Md., died at his home May 23, 1914, aged 63 years.

Dr. Claude A. Stoncipher, Baltimore Medical College, class of 1904, formerly of 1655 North Fulton avenue, died from Bright's disease, May 30, 1914, aged 34 years.

Dr. Richard Pinkney Blackistone, class of 1849, of River Springs, Md., died at his home May 12, 1914, aged 91 years.

Dr. David W. Bulluck, class of 1873, of 309 North 4th street, Wilmington, N. C., died at his home of typhoid fever May 7, 1914, aged 61 years.

Dr. Bulluck was born at Tarboro, June 1, 1853, a son of the late David William and Mary Margaret Bulluck. Owing to the vicissitudes of the war between the States, he was denied the advantages of a finished course at a literary college, but received his educational training in the high schools at Wilkerson and Belmont and under private tutors. In 1870, at the early age of 17, he entered the medical department of the University of Maryland, from which he was graduated in 1873, a year before attaining his majority.

For a year after his graduation he was an intern in the University Hospital of Baltimore, and later served in a similar capacity in a hospital in New York. He was a thorough believer in post-graduate study and studied under some of the most famous medical teachers in the metropolis.

He entered upon his professional career in his native county of Edgecombe, where he resided until March 13, 1890, when he removed to Wilmington. He achieved remarkable success in his profession and in other paths of usefulness. He was the founder of the Catherine Kennedy Dispensary and Rest, and was one of the organizers, and since its foundation a member of the Associated Charities of Wilmington. He was for many years visiting surgeon to the Atlantic Coast Line, and was one of the organizers and a past president of the Association of Surgeons of this company.

Dr. Bullock married in November, 1880, Miss Maude Southerland Braswell, daughter of the late Archibald and Margaret Braswell of Edgecombe county, who, with two children, Dr. Ernest C. and Miss Maude Margaret Bulluck, survive him.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Vol. X

BALTIMORE, MD., JULY 15, 1914

No. 5

ADDRESS DELIVERED BY THE GERMAN
AMBASSADOR, COUNT JOHANN
VON BERNSTORFF, AT THE ONE
HUNDRED AND SEVENTH ANNUAL
COMMENCEMENT OF THE UNIVER-
SITY OF MARYLAND, JUNE 1, 1914
(THE LYRIC).

I have read that when the Prince of Orange, wishing to make some return to the people of Leyden for their heroic sufferings and losses during the siege of the city, offered either to remit their taxes or to establish a university, the people showed their fine valor and wisdom by asking for a university. The people of the United States have chosen as nobly and bravely as the citizens of Leyden. With a liberality without parallel in history, the rich men of this country have endowed universities in every part of this great country. Of late the governments of the States have also taken the higher education in hand, as this has always been the case in Germany. There is nothing one can note with greater pleasure in this country than the continued advance of the American colleges and universities. The last thirty years have seen the establishment and development by the State legislatures of a large number of State institutions of higher education, to which annually liberal grants of money are made. This witnesses to the enlightened wisdom and zeal of the State authorities, who rightly think that nothing better could be done for the youth of the State than to place before them the amplest facilities for prosecuting every kind of study.

The appreciation of such facilities is shown by the large and constantly increasing attendance, not only at the universities and technical colleges

supported by the States, but also at the universities of private foundation.

The habit of sound, careful and independent thinking is the best intellectual quality a young man can start with in his journey through life. That and the love of truth are what a university ought to teach. One of the highest tributes paid to your universities was lately paid by a great German professor when he said that what he most admired in them was the conscientious ardor with which the teachers devoted themselves to the search for truth and the implanting of a zeal for it in their pupils.

The purpose of every educational institution is to recruit the ranks of the greatest of all professions, good citizenship. The study of the humanities includes something more than the study of Latin and Greek; it includes the study of the literature of every time and every nation; its purpose is higher and broader than mere intellectual endowment; we learn the past to know the future; its purpose is to teach us the wisdom of the men who have long since passed away; by giving us all the past contained that was good and beautiful and true, it permits us to create for ourselves ideals for our present and our future guidance.

The basis of all patriotism is national conscience, and there can be no national conscience unless it is founded upon a knowledge of a nation's history and development. The education of the people, not only of the privileged few, but of the masses, is therefore the vital condition for popular government. Liberty and political freedom without a correlating high intellectual standard of the people have often resulted in disturbances and anarchy. The higher and fuller the education is, the more stable and permanent the

institutions of a nation will be. Everybody should have the opportunity of availing himself of the advantages that higher education affords. The political and social evolution of a nation will be more powerful and energetic if fresh forces are continually rising from the masses into the luxurious classes of society. Education has freedom in its train, and, as Milton, has said, "No sea swells like the bosom of a man set free." You Americans, as the youngest of the great nations of the Teutonic race, are the rejoicing heirs of the culture of all the others. All branches of the Teutonic race sent many of their best descendants to these hospital shores, and from all who came you adopted what was good and suitable to you, and so created the culture of this great nation, which is different from all others, but kindred to those from whom it sprang.

The exchange of professors so happily instituted between German and American universities, which increased the already existing permanent friendly intercourse between them, has drawn renewed attention to the fact that the American universities, as the younger institutions, have learned much from the older German sisters, and that in our days, after the American universities have attained a position which inspires respect in all foreign lands, there is very much for both to learn from one another.

The strongholds of opinion among Americans friendly to Germany have been for the last sixty years the American universities and colleges, in so many of which are professors and tutors who, having studied in Germany, have brought back a certain love for the German Fatherland. They were impressed by the large and liberal system of the German universities, and devoted themselves to urging a similar system in this country. Therefore, while the American college goes back for its origin to the first half of the seventeenth century and is fashioned after the English pattern with adaptation, the American universities have come into existence during the past fifty years and have been organized largely on the German model. They are a development under the guidance and stimulus of German example out of the American college. To this fact also is due in no small measure the feeling of kinship which binds Germany to this great and youthfully vigorous nation. The former American Ambassador in Berlin, Mr. Andrew D. White, who was himself a student of a German university, and

later a distinguished teacher and practically the founder of a great American university, in a public address once attributed much of the fame which Germany enjoys in America to the German universities. It was, he said, principally due to them that Germany was looked upon in the United States as a kind of second mother country.

Progressive in many walks of life, you Americans have also first realized the good alumni associations and similar organizations can do for their institutions. This plan of forming alumni organizations, of which you Americans are the pioneers, impresses me as much as many of the other original things you do. You were the first to show what can be done for an institution by strengthening the bond between those who have left your colleges and universities and those institutions. You do not know how much it has done for American colleges and universities. This in itself has accomplished great things for education in America. It is a wonderful plan and demonstrates again the spirit of the American people. Under the system initiated in some universities of giving the graduates votes in the election of trustees and to representative alumni seats in the governing board, the whole student body has become in a new sense part of the institution and are to a certain extent held responsible for it.

In Germany there is no great bond between the alumni and their alma mater, chiefly because the students generally visit at least two universities, and because these are all State institutions and do not need any help from their alumni. The only German organizations which remind one of the American alumni associations are the various special fraternities of students, which are particularly prosperous and celebrated in Bonn, Heidelberg and Goettingen. Any man who has been a member of such a students' fraternity will remain loyal to it all his life.

Among the forces making for good-will between nations, one of the foremost is mutual intimate knowledge of their culture. If we are reciprocally truly at home in the spiritual world of our two nations we will recognize their close independence and be filled with the desire to promote their mutual understanding.

Germans are particularly inclined to take such a view of the friendly intercourse so happily instituted between the universities of our coun-

tries, as in Germany the universities have always stood first and foremost of all modern institutions as responsible representatives of the highest ideals of the people. The two ideas essential to the making of great universities, the right of the teacher to be free in what he says and the liberty of the student to learn, form the basis of German academical life. The teacher is expected to be true to the truth he sees, and is thought false to it if he dare not give expression to what he believes. On the other hand, the student may refuse to be satisfied with the voice of authority upon any subject, because being a student he is free to learn, free to question, free to think. This old intellectual freedom of the universities was the starting point from which the German nation proceeded to religious freedom, liberty of speech and liberty of the press. In other countries political freedom is older than academical freedom. In Germany, however, intellectual freedom was the mother of political freedom. That is why our universities still today have great influence, and why professors have played a great part in German history. The renaissance of Prussia after the collapse of 1806 was largely due to the patriotic activity of German professors, among whom Arndt, Fichte, Niebuhr were most prominent, and German unity was their ideal and constant thought long before Bismarck realized their ideals. In our days men like Harnack, Adolf Wagner, Brentano, Schmoller and others always raise their voices when great national questions are at issue.

The elements of strength of the German universities are chiefly the inner freedom they enjoy and the spirit of investigation among its members. The German University is a State institution. It is established and supported by the Government and under its control, but it retains some not unimportant features of the original corporative character. It still possesses a certain degree of autonomy. It elects its own officers, the rector, the senate and the deans, and also exercises a considerable influence in the appointment of professors. By its power to confer the doctor's degree and appoint the private docents the university determines the circle from which the members of the faculty are usually drawn. In addition to this it receives from the Government the right to nominate candidates for the different chairs.

The peculiar characteristic of the German uni-

versity as a laboratory for scientific research, as well as a school of instruction in all the higher branches of general and professional knowledge, becomes at once apparent when the internal organization of the institution is considered. It offers a broad and deep course of instruction in the arts and sciences. This is the special province of the philosophical faculty. It offers technical instruction for the learned professions, in that it trains the clergy, judges and higher officers of administration, physicians and high-school teachers. But it is, in addition, the most important seat of scientific work in Germany and the nursery of scientific investigation. According to the German idea, the university professor is both a teacher and a scientific investigator, and such emphasis is laid upon the latter function that one ought rather to say that in Germany the scientific investigators are also the instructors of the academic youth. This statement, of course, implies that such academic instruction is primarily purely theoretical and scientific. The important thing is not the student's preparation for practical calling, but his introduction into scientific knowledge and research.

This intimate union of investigation and instruction gives the German university its peculiar character. In Germany it is taken for granted that all university professors are investigators and scholars and that all investigators and scholars are teachers at universities.

The German system, like all institutions in this world, naturally has its shadow sides, but I do not wish to dwell on them, as I today intended to draw your attention to the elements of strength in the German university, the foremost representative of German culture. Which are the characteristic features of the German culture?

In the course of the eighteenth century the German mind reached a height of cultivation which it had never attained before and which is known by the great names of Lessing and Goethe, Schiller and Kant. For the first time since six centuries a literature was produced in Germany which equalled the works of the great civilized nations, even surpassing them in poetry and philosophy and immediately becoming the starting point for a most important advancement of all the sciences. This literature was full of ideal efforts of philosophical depth and moral strength, being at the same time adverse to the artificial, conventional and typical. It ennobled aesthetic

beauty by conceiving the latter as the most valuable means for moral refinement. In declaring the development of religions to be the highest expression of cultured mankind, it proclaimed the independence of the human mind without showing hostile opposition to the traditional denominations. We understand readily what an abundance of freedom and productiveness was brought to the world by this new school, and that it was bound to further the scientific development of the nation. To point out these fruits of German culture is the chief task of German instruction. The knowledge of the past must become a power of the present, not for boasting of vain knowledge of obsolete things, but for leading our judgment regarding the matters of today.

In Germany, as you know, all instruction is directed and supervised by the State. In our opinion, the human powers to be developed by education must be considered from the standpoint of nationality. Whoever succeeds in creating a national spirit has found the best means of education. The State's educational influence upon its citizens continues through constitution, legislation and administration. It would endanger the whole existence of the State if the latter ceded to others the first step of this education, the instruction of the child. In the opinion of Fichte, the great educator of the German nation, the State must employ pedagogical measures in order to fulfil its moral purpose, *i. e.*, to lead the people to mortality. The State is a political community entrusted with the education of mankind. In the State and through it a nation must form its character, which is the highest moral obligation for a whole people as well as for the individual. For this reason the State should legally fix the general principles of education; over-anxious and exhaustive regulation of details, too precise a uniformity, mechanical orders and obeying, however, should be avoided. By making the attendance of schools compulsory a minimum of education is guaranteed. Administrative force and liberty, prosperity and military power, knowledge and religion are the great contrasts to be reconciled in order to create idealism of free personality which sacrifices itself voluntarily and cheerfully for the common good, and if unhampered, will employ all its forces.

The organization of schools in America is different from that in Germany. I will not attempt to examine whether it is better or if it is less

effective. The truth probably is that, like all things in this world, some features may be better here and some there. In Germany, for instance, the unnatural crowding of the learned professions no doubt originated in the fact that in German schools formerly too much stress was laid on classical education. In America the opinion grows steadily that the German language is a valuable equipment for everybody. As Goethe said, "Whoever knows and studies the German language goes to the market where all nations offer their goods. He plays the part of the interpreter, at the same time advancing his interests. He who does not know foreign languages does not know his own." May the spirit grow more and more here, which is so evident in German schools, the spirit of faithfully doing one's duty and of recognizing the importance of ideal goods. Our highest object in life is the forming of ideals and the acting according to them. Civilization is a positive gain only if it leads to culture, to an esthetic view of life and to morality.

Of late the German Government has taken further steps in order to develop the idea which led to the exchange of professors. In this object an "America Institute" has recently been founded in connection with the Berlin University. The idea of founding this institute was conceived by Friedrich Althoff, recently deceased, who for many years occupied a leading position in the Royal Prussian Department for Public Instruction. The establishment of a union of all scientific efforts was the aim of his life. He worked for an effective intellectual intercourse among nations, because he considered it the best means for bringing them nearer together in the domain of common human interests. The exchange of German and American university professors was the first realization of this idea. When Harvard University conferred the honorary degree of a doctor upon Althoff, President Eliot referred to him as "the father of the idea of exchanging professors."

The influence of his efforts for any intellectual intercourse between America and Germany has not departed with him, but is still keenly felt. The "America Institute" was probably his last desire and his last scheme.

Dr. Althoff's life work has found enthusiastic support—in Germany especially from the Emperor, in the United States through the active interest of prominent men. This has made pos-

sible the establishment of exchange lecture courses and of the Roosevelt and Emperor William professorships. It has also enabled the foundation of the German "America Institute," viz., by the Koppel donation in Germany, and in America by the funds donated by Mr. James Speyer. Already several years ago Mr. Speyer placed considerable sums at the disposal of the German Emperor for an effective encouragement of the exchange of professors. His interest in the matter has again been proved by his still more generous donation for the "America Institute."

The famous historian Professor Karl Lamprecht, in his lecture recently, referred to a "new era" which, in his opinion, is approaching, and in which the problem of a higher political culture will be added to the care for the education of a new man. An active intercourse among nations with regard to common human interests will facilitate the introduction of such a new time. This gives the "America Institute" its eminent importance. If more funds are available it will have a great future and be able to afford very valuable assistance to all American students visiting German universities, as a German governmental institute in the Department of the Ministry of Education devoted to the furthering of the cultural relations between Germany and the United States.

The American public still knows so little about this new America Institute that it is indeed worth while to point out its significance. Its program is to further and to expand the cultural relations between the United States and Germany. This sounds almost trivial, and it appears as if just this labor were being performed in many places; but in the whole history of civilization probably no such enterprise has ever been recorded, and what it aims at may truly be the model for future developments. Here we have at last that desirable modernization of international intercourse—a kind of efficiency management in the world of ideals. The relations of civilized countries have always been carefully organized in political, legal and economic affairs; but in the fields of education and scholarship, of art and literature, of moral and social purposes, the international exchange is nothing but disorder. Energies are wasted, efforts are scattered, the cheapest elements often rush into the foreground, the best impulses remain inhibited—in short, disorganization prevails. Though the na-

tional work might become a stimulation and an inspiration to the neighbors, it too often becomes a source of irritation and contempt. The purpose of this new German institute is to improve the situation so far as Germany and America are concerned. A scholar, for instance, who desires connections with universities or libraries, museums or archives, laboratories or industrial establishments, municipal or political offices, finds the doors opened through the agency of the Institute. Care is taken that the best and most characteristic works be translated; that the art of one land be made known to the other; that teachers and students be helped; that congresses and exhibitions be supported, and that truth about the foreign land be disseminated. Statistics are gathered, investigations are carried on, and every day brings new and important tasks to the Institute, which occupies seven rooms in the magnificent structure of the new Royal Library in Berlin. No rivalry is possible between this new America Institute and any society or establishment that works toward the mutual understanding of the two nations. Such rivalry can no more exist there than between a chamber of commerce and any business undertaking. The chamber of commerce is not doing business, but it organizes and regulates and helps business all around. The America Institute, too, sees its aim in helping and adjusting and harmonizing the scattered efforts which have arisen and may arise on both sides of the ocean.

Its present activities are, briefly, as follows:

Americans in America and Germans in Germany, in various public and scientific pursuits, find themselves in need of information as to what has been done, respectively, in Germany in this matter or in America in that matter. They are often at a loss how to obtain the desired information. The America Institute finds itself increasingly employed in acting as a medium of inquiry on all sorts of subjects in both countries.

Again, every year a number of Germans are going to America and a number of Americans coming to Germany. They are going and coming as students in particular fields, or as Government officials, professors on sabbatical leave, or as the representatives of scientific organizations or of learned societies. They are more or less ignorant of local conditions; they may lack a speaking knowledge of the language. They meet with difficulties, and may be directed to the Institute

as a place where they can perhaps find assistance. These requests cover a very wide range of subjects, and satisfactory response to them involves intimate knowledge of men and affairs in the two countries.

The Institute has a special arrangement with the U. S. Copyright Office by which it undertakes to assist German authors and publishers in obtaining a copyright for German books in the United States. During the few years of its existence more than 2500 German books have been copyrighted through the Institute. In connection with this service the Institute has found opportunity to encourage the translation of books and articles of one country into the language of the other.

The Institute is accumulating a library (now numbering about 11,000 volumes) that is intended to be a representative collection of America in Berlin, dealing with the history of and the life and the conditions in the United States. It is the object of the Institute to provide a good working collection, and, by making the books more informally and easily available, to supplement the service of other libraries in Berlin and Germany. The library is being used by Germans studying American questions, and by Americans wishing the advantages of an American library abroad.

The America Institute is co-operating with the Smithsonian Institution of Washington, D. C., in the international exchange of documents between Germany and the United States, a traffic of exchange which involved the handling of the sum total of 34,591 packages during the year ending December 31, 1912. The service is rapidly increasing.

The work of the Institute, in short, is to serve in a concrete way the every-day needs of those Germans and Americans who are interested in the life and the institutions of the other country. The interests are realities. In view of the innumerable ways in which they manifest themselves, the task is a large one. For this very reason they afford a practical opportunity for promoting and developing the ideal of understanding and goodwill between the two nations. It is the belief of those in charge of the Institute that this work can be done more effectively by gradually eliminating the naturally haphazard and accidental means of intercourse and substituting in their place methods that are to some degree organized and systematic.

This Institute is an interesting illustration not only of the very friendly attitude of the German Government towards your own country, but of the deep and intelligent interest which our Government takes in the development of intellectual and social life. One of its purposes is to foster an interest in German university education in this country.

When the America Institute has been at work some time it is to be hoped that more wealthy friends of the idea it represents will come forward in both countries and endow the Institute with funds. If this should be the case, the Institute will in future be able to offer scholarships to American students who are desirous of studying in Germany. It is obvious that this would be a splendid development of the idea of exchanging professors, which has proved so successful in both countries.

ADDRESS DELIVERED BY THE HON.
HENRY STOCKBRIDGE IN PRESENT-
ING HIS EXCELLENCY COUNT
JOHANN VON BERNSTORFF FOR
THE DEGREE OF DOCTOR OF LAWS
AT THE COMMENCEMENT EXER-
CISES OF THE UNIVERSITY OF
MARYLAND, JUNE 1, 1914.

Mr. Provost—I have the honor and privilege to present Count Johann von Bernstorff, upon whom, by unanimous voice, the Board of Regents have directed to be conferred, *honoris causa*, the degree of Doctor of Laws.

It is hardly necessary, Mr. Provost, that to you, or to this audience, I should enumerate the considerations which have led to this action of the Board of Regents, yet it may be worth while that there should be placed upon the records of this University a brief epitome of him who has this day so graciously honored us by his presence and scholarly address.

Descended from an illustrious ancestry, Count von Bernstorff was imbued with that lofty sense of patriotism, all too rare in these days, which impelled him to forego the winning of academic honors in the land to which he owed allegiance, that he might serve that State. A quarter of a century ago he entered the diplomatic service of his Fatherland at Constantinople, and since then has been continuous in that service at Belgrade, Dresden, St. Petersburg, Munich, London and Cairo. In 1908 he became the ambassador of the

German Empire at our own capital, Washington. How well he has performed the difficult and at times delicate duties devolving on him, his successive advancement from post to post tells more eloquently than could any words of mine. Simply by way of illustration, let it be borne in mind that it was by his tactful and intelligent discharge of duty as councillor of the German Legation at London between the years 1902-6 that good feeling and a proper mutual understanding between two great peoples, the English and the German, were restored.

When he came to our shores as the successor of the accomplished Baron von Sternberg we knew of his achievements in his chosen field of activity, but we had to learn that the able diplomat was no less a finished scholar. The products of his pen which have appeared in the few short years he has been among us, such as "The Development of Germany as a World Power" (Am. Acad. of Soc. and Polit. Science, Jan., 1910), "The Foundations of the German Empire" (Univ. of Chicago Magazine, July, 1911), "Germany and France, With Special Reference to the Moroccan Situation" (Outlook, Jan., 1912), and others which will occur to you, have shown at one and the same time a broad sense of patriotism, a keen power of analysis, and a genuine scholarship.

We do not honor him today. Already the degree about to be conferred on him has been bestowed by Columbia University, Brown University, Johns Hopkins, the University of Wisconsin, Union University, the University of Pennsylvania, and the University of Chicago. But in placing his name upon our roll we honor ourselves, and show our appreciation of the work he has accomplished in knitting more closely together the great nations of the world.

ADDRESS DELIVERED BY THE HON. HENRY D. HARLAN IN PRESENTING DANIEL WILLARD FOR THE DEGREE OF DOCTOR OF LAWS AT THE COMMENCEMENT EXERCISES OF THE UNIVERSITY OF MARYLAND, JUNE 1, 1914.

I have the honor, in accordance with the mandate of the Regents, of presenting to you and of asking you to admit to the degree of LL.D. in this University, *honoris causa*, one whom the

Regents have adjudged worthy to receive the same—Daniel Willard, a man of affairs, pre-eminent in his profession, the head of a great railroad system, sustaining large responsibility, wielding broad power and exerting wide influence, but meeting his responsibility so fully, employing his power so wisely and using his influence with such just appreciation of the true functions of a public-service corporation and of its duty and obligation to the public and the State, to its stockholders and employes, as not only to have demonstrated the possession of superior intellectual ability, useful learning and knowledge of the highest order, but to have made a contribution to the proper handling of the transportation problem, equal, in its beneficent results, to the contributions that have won distinction for learned men in the fields of science and literature. Twice decorated with what is looked upon by associates as the highest honor that can be conferred upon a railroad officer, the presidency of the American Railroad Association, an association of all the railroads of the United States and Canada; selected as the representative of fifty-two railroads in the northeastern part of the United States on the arbitration board which adjusted the differences between these roads and their locomotive engineers in the spring of 1912, and determined issues of the most momentous import to this country; again selected in 1913 by the same railroads to act as chairman of a committee of presidents to present to the Interstate Commerce Commission the case of the railroads for an advance of rates, and fulfilling this trust with such conspicuous ability as to command the admiring attention and respect of observant men everywhere; a patriotic citizen, a student of the world, one who, compelled to leave college early because of failing eyesight, has acquired culture in the midst of absorbing occupation and has shown his interest in higher education by consenting to serve upon the Board of Trustees of a great University.

I ask, sir, that Daniel Willard may be made a member of this University and that his name be enrolled upon its honor list.

Dr. Hiram Woods attended the meeting of the American Ophthalmological Society at Hot Springs, Va. He and Mrs. Woods have closed their town residence on Park avenue and reopened their cottage at Blue Ridge Summit, Pa.

ADDRESS DELIVERED BY MR. PHILEMON H. TUCK IN PRESENTING HENRY RIDGELY EVANS FOR THE DEGREE OF DOCTOR OF LETTERS AT THE COMMENCEMENT EXERCISES OF THE UNIVERSITY OF MARYLAND, JUNE 1, 1914.

Mr. Provost, Gentlemen of the Board of Regents and Faculties of the University of Maryland, Young Men and Ladies of the Student Body, Ladies and Gentlemen—It has been an ancient custom for universities on festal days to honor men of learning by the bestowal of personal tokens of admiration in recognition of their achievements in the field of literature, art, science, medicine, law or theology.

In conformity with this usage the Regents of the University of Maryland have caused a mandate to be issued, directing that on this occasion degrees *honoris causa* be conferred upon those whose names will now be presented to the Provost.

Mr. Provost, I have the honor and privilege to present for the degree of Doctor of Letters Henry Ridgely Evans, who was born in this city in 1861. His academic studies were largely pursued in the George Washington University, and he obtained the degree of Bachelor of Laws from the University of Maryland in 1883, since which time he has been engaged extensively in literary work, and has distinguished himself in the special study of folklore, Masonic antiquities, and the psychology of magic and superstitions. For the last twenty-seven years he has been connected with the Bureau of Education. Mr. Evans was for a long period private secretary to Dr. William T. Harris, and under his supervision studied the philosophy of history and history of philosophy. Among his published works are to be found the following:

"The House of the Sphinx," a novel.

"The Napoleon Myth," containing a reprint of "The Grand Erratum," by Jean-Baptiste Pérès, and an introduction by Dr. Paul Carus.

"Magic: Stage Illusions and Scientific Diversions, Including Trick Photography."

"Genealogical Table: Line of Descent of Ridgely, Howard, Hammond, Worthington, from Edward Dorsey, Col. Henry Ridgely, Capt. John Worthington, Col. Nicholas Greenberry, Matthew Howard, and Maj.-Gen. John Hammond."

"The Spirit World Unmasked: Illustrated Investigations Into the Phenomena of Spiritualism and Theosophy."

"A List of the Writings of William Torrey Harris, Chronologically Arranged, with Subject Index."

"Bibliography of Industrial, Vocational, and Trade Education."

"Expressions on Education by American Statesmen and Publicists."

"The Old and the New Magic." Introduction by Dr. Paul Carus.

In criticising the latter work President G. Stanley Hall of Clark University, of Worcester, Mass., says that it interests and instructs him very much, and he does not know of any one treatise on the subject, which is a perfectly legitimate one of psychology, that seems to him to be so good, and Dr. Paul Carus of Chicago says that Mr. Evans' work on the history of modern magic is deserving of full recognition, and that he is considered the leading authority in his specialty.

Dr. P. P. Claxton, Commissioner of Public Education, gives abundant testimony to Mr. Evans' culture, wide reading and literary appreciation. No one has had a better opportunity to judge him than Dr. Claxton, because of his long association with him in the same department of the Interior, the Bureau of Education.

Other testimonials of equal importance have come from Governor Phillips Lee Goldsborough, Mr. Mendes Cohen, Mr. John Parker, trustee and librarian, respectively, of our Peabody Institute; Hon. James D. Richardson, Grand Commander of the Scottish Rite of Freemasonry, and Dr. S. B. Weeks, historian.

The writings of Mr. Evans are deservedly considered of so great value that they are to be found in the Peabody Library, Maryland Historical Library, Baltimore; Congressional Library, Washington, and the Bodleian Library, Oxford, England.

In view, therefore, of this record of achievement you are presented, sir, for the degree of Doctor of Letters *maxima cum laude*, because the University of Maryland feels that you will wear this honor with credit, and that she is reflecting no less glory upon herself than upon you, the recipient.

PRELIMINARY NOTE OF SOME EXPERIMENTAL WORK BEING CARRIED ON IN THE X-RAY DEPARTMENT OF THE UNIVERSITY HOSPITAL.

By ERNEST ZUEBLIN, M.D.

The chemical rays which arise between the poles of a powerful Ruhmkorff induction coil have been the subject of an interesting experimental study by Dr. Chandlee and myself. The investigations, started in November, 1913, are still in progress, but as a preliminary note it may be stated that rays similar to those observed in the decay of radium and other radio-active substances have been observed to emanate from the cathode pole. By means of the fontascope it was found that alpha rays (helium), beta rays, and also possibly gamma rays, emanate from the cathode. This energy, if condensed upon metal screens, can be isolated and renders fluids radio-active. The scientific practical consequences of such discovery will be published in a later paper. These facts may aid in the scientific explanation of high frequency currents and of Arsonval treatment. They will properly also open new possibilities for the production of radio-emanation for treatment in artificial emanatories, as well as for obtaining radio-active substances for radio treatment without the necessity of securing expensive radio-active substances such as radium and thorium.

THE SIGNIFICANCE OF PAIN IN THE RIGHT ILIAC FOSSA IN YOUNG WOMEN.*

By RANDOLPH WINSLOW, M.D., F.A.C.S.,
*Professor of Surgery, University of Maryland,
Baltimore, Md.*

The occurrence of pain in the right iliac region is always a suggestive and is generally an apprehensive symptom. Since the public conscience has become so acutely educated in regard to appendicitis, all abnormal sensations in the right iliac fossa are usually ascribed to appendical disease. In many, if not in most, cases the family physician diagnosticates appendicitis, and the patient is brought to the surgeon for removal of the

appendix. The symptoms of an acute appendicitis are usually sufficiently distinctive; the pain, nausea and vomiting, tenderness and muscular rigidity in the right iliac region, with elevation of temperature, acceleration of pulse, leucocytosis, etc., rendering a diagnosis generally not difficult. Even in chronic appendicitis there is usually local tenderness and rigidity, with constipation and digestive disorders, which direct attention to the seat of disease. In girls and young women, however, who complain of pain in the right side there is an abundant opportunity for a mistaken diagnosis unless a very careful consideration of their symptoms is made. I have many times had such cases referred to me for operation, and have not found any material disease of the appendix, but, in most cases, some other surgical condition. In some cases no appreciable disease of any organ has been found. Of course, it is possible that in some cases there had been a mild appendical attack which had subsided and had left little or no trace of its previous existence, but such cases ought to be of very infrequent occurrence. Some of these cases are of undoubted hysterical or neurotic nature, but, even here, there must be some underlying physical cause for the neurosis. In my experience an enteroptosis, or a general splanchnoptosis, is often the cause of the neurosis and of the pain in the right side. In cases of right-sided pain without urgent symptoms, it would be well to fill the colon with bismuth solution and skiagraph the large intestine before subjecting the patient to an operation. Of course, there may be disease of the appendix coincident with enteroptosis and probably in consequence of this condition; as is the case also with nephrop-tosis. It is probable that useful information could be obtained in cases of appendicular disease by skiagraphy more frequently than is supposed, and I have recently seen an X-ray plate that showed clearly a distended appendix after a bismuth enema. The X-ray findings in this case were verified by operation. In cases of pain in the right iliac fossa in a young woman or girl, without urgent symptoms, one should always bear in mind the possibility of an enteroptosis and make a careful examination for this condition. A displaced kidney may also cause pain and other symptoms strongly resembling those of appendicitis, but without elevation of temperature. The kidney can usually be palpated, especially if the

*Reprinted from The Old Dominion Journal of Medicine and Surgery, Vol. XVIII, February, 1914, No. 2.

patient is placed under an anesthetic. It must not be forgotten that nephroptosis and disease of the appendix are often associated. The close relation of the female reproductive organs with the other viscera is also a potent cause of various reflex phenomena not referred to the pelvis. This is especially true in regard to pain referred to the right side. An acute salpingo-ovaritis may present the symptoms characteristic of acute appendicitis or the two may be associated. Indeed, in certain classes of women it will be safer to suspect tubal disease rather than appendical until a careful vaginal examination shows the pelvic organs not to be at fault. In the more chronic conditions of pain, and tenderness in the right side without muscular rigidity, elevation of temperature or leucocytosis, one should suspect other organs rather than the appendix. I have operated seven times on young women for supposed appendicitis and have found small ovarian tumors on the right side in each case. A very competent practitioner recently brought a young lady to me to be operated on for subsiding appendicitis. She had had repeated attacks of pain and tenderness in the right side, but had no muscular rigidity or elevation of temperature when I examined her. At operation the appendix was apparently normal, except that the blood vessels seemed to be rather large and tortuous; the gall bladder was normal, but on introducing my fingers into the pelvis I withdrew a right ovarian dermoid tumor, the size of a turkey egg. It is quite possible that she had a subacute appendicitis which had subsided. Another young woman, who was recently under my care, was brought ten miles in the automobile of the physician in attendance, for an immediate operation for acute appendicitis. I was not convinced that the condition was appendicitis and waited. On operation I found an apparently normal appendix, but a tuberculosis of the right tube and ovary. These conditions could doubtless have been discovered by a vaginal examination, but one hesitates to subject an unmarried girl to such an examination unless there is an urgent reason for so doing.

Cholelithiasis is another condition that may cause pain in the right iliac region in both sexes, especially when the gall bladder is distended and extends down toward the appendicular fossa. Usually there will not be much difficulty in orienting this condition, especially if the patient is

placed under an anesthetic. Percussion over the gall bladder region will also usually elicit marked tenderness. Stone impacted in the ureter may also give rise to pain in the right side, but in this case there will be urinary symptoms, such as tenderness over the kidney, pus and blood in the urine, either visible to the naked eye or seen under the microscope, and other symptoms referable to the kidney or bladder. Abdominal crises due to Meckel's diverticulum, perforating ulcers of the intestines or intestinal obstruction, are other conditions that are common to both sexes; pneumonia can also deceive us by presenting symptoms of acute abdominal conditions. This occurs more frequently in children than in adults, and may occur in either sex. The onset of typhoid fever is sometimes attended with pain in the right side, tenderness, rigidity and elevation of temperature and may closely simulate appendicitis. One may be easily deceived in such cases, and during the past summer I made this error and removed the appendix of a young girl who had typhoid fever. She made an uninterrupted recovery, but I am still chagrined at the mistaken diagnosis.

Since beginning to write this paper I have read the lecture by Dr. John B. Murphy on this subject, and he lays down the axiom that fever always precedes pain in typhoid fever, while pain always precedes fever in appendicitis.

Whether early pregnancy can produce attacks simulating appendicitis I do not know, but I have recently had under my care a young lady two months pregnant, who had severe pain and tenderness in the right iliac fossa. She was told by a surgeon in New York that she had appendicitis and required an immediate operation. She did not accept his advice and some time later consulted me. I discovered her pregnancy, but thought it best to remove the appendix in order to forestall any appendical trouble during parturition. She went home after my examination, which was entirely an external one, and was compelled to remain in bed several days on account of pain. She returned later and I removed her appendix, which appeared to be normal. Her gall bladder was normal, as were her pelvic organs, except for the pregnancy. She made an uninterrupted recovery without interference with the course of the pregnancy, but I do not know what caused the severe pain in the right side.

The abdominal crises of tabes may also delude us in certain cases. I have had one case in a woman in which laparotomy was done, without finding any disease of the abdominal organs; and subsequently the evidence of tabes became pronounced.

My object in presenting this paper is to learn rather than teach. I have been many times surprised and embarrassed at finding other pathological conditions than those I expected to find; and in some cases no appreciable lesion at all. These have usually occurred in girls and young women, but sometimes in men. How can we avoid these errors? I have come to believe that in young women, unless the symptoms of appendicitis are frank and clear, the condition is probably something else. Pain and tenderness in the right side, without rigidity, elevation of temperature and leucocytosis is usually not appendicitis. Again, apparently severe and long-continued pain in the right side in girls is more likely to be neurotic than appendical. Pain may also be reflected from the pelvic organs or some of the other viscera, and the primary seat of the disturbance might be determined by a more careful examination. I think we frequently operate too hastily on a diagnosis of appendicitis, without considering sufficiently the other possibilities in the case.

BOOK REVIEWS

MÜLLER'S SERODIAGNOSTIC METHODS. Authorized Translation from the Third German Edition. By ROSS C. WHITMAN, B.A., M.D., Professor of Pathology, University of Colorado School of Medicine. With Seven Illustrations in Text. Philadelphia and London: J. B. Lippincott Company. Cloth. 1913.

Those interested in this phase of medicine will find Whitman's translation of Müller's Serodiagnosis remarkably smooth reading as well as accurate rendition of the original. Serodiagnosis has made during the past few years such strides that it is indeed difficult to keep in touch with the subject, besides the articles are usually so technical that the ordinary individual does not know what the author is driving at. This booklet is divested of technicalities as far as feasible, in order to bring it within the grasp of the general practitioner. It deals with the methods of injecting animals, of obtaining blood from animals, of

obtaining small amounts of human blood, of obtaining larger amounts of human blood, of the preservation of sera, both normal and immune, of precipitin, agglutination, etc., reactions, and syphilis, cancer, gonorrhoea and tuberculosis diagnosis. It is based upon the wide experience of Dr. Müller in this line of work, is authoritative, and deals with the subject from the practical side, theoretical discussions being entirely omitted.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
 Dr. Nathan Winslow, \$10.
 Dr. D. W. Cathell, \$10.
 Dr. Eugene Kerr, \$10.
 Dr. Randolph Winslow, \$10.
 Mrs. Randolph Winslow, \$5.
 Dr. Hiram Woods, \$10.
 Dr. J. W. Holland, \$10.
 Dr. J. Mason Hundley, \$10.
 Mrs. Nathan Winslow, \$1.
 Dr. Joseph E. Gichner, \$1.
 Dr. Ernest Zueblin, \$5.
 Dr. Edgar G. Ballenger, \$10.
 Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.
 Henry P. Hynson, Phar. D., \$10.
 Dr. C. W. McElfresh, \$3.
 Dr. A. H. Carroll, \$5.
 Mr. W. A. Shaw, \$5.
 Dr. A. W. Valentine, \$3.00.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

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Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JULY, 1914.

VACATION TIME.

The hard work of the session of 1913-14 is now over and vacation time is at hand. Persons differ in their ideas as to recreation. Some are, like the countryman, satisfied to "jest set and think, or sometimes to jest set," while others find relaxation in activity of various kinds. Some love the woods and the freedom from conventionality; others prefer the pleasures of social life at the seashore or at other summer resorts. Doubtless many of our teachers as well as students will be found enjoying themselves in some of the above-mentioned directions. Several of the faculty will combine pleasure with profit by attending the Congress of Clinical Surgeons of North America in London, England, or by visiting the foreign clinics. Professor Frank Martin sailed on June 13 for quite an extensive tour of the European surgical clinics, as well as to represent the University of Maryland at the 200th anniversary of the founding of the University of Groningen in Holland. He expects also to attend the congress in London. Professor Randolph Winslow expects to sail on July 17 to attend the congress, as well as to make a short continental tour.

Professor Ernest Zueblin is leaving on July 15 to visit his former home in Switzerland, and Dr. Walter F. Sowers is also making a European trip on the same date and ship. We also hear that Dr. Albert H. Carroll is about to seek re-

laxation on the other side. We wish all of them *bon voyage*; and we know that in whatever way they may be benefited, it will be for the profit of the School.

AN ERROR CORRECTED.

In our last issue there was an editorial caption entitled "North Carolina Scholarship Medal." This was a typographical error. We do not need a medal; we want a scholarship for worthy students for North Carolina. Three thousand dollars will endow such a scholarship. Who will start the ball rolling for this object? It is much needed, as there are numerous applications from North Carolina students for assistance to enable them to continue their studies.

A NEW ENGLAND SCHOLARSHIP NEEDED.

Professors Ashby and Streett attended the annual meeting of the New England Alumni of the Baltimore Medical College. This is a very strong association, consisting of 400 members. The meeting was held in Boston in June, and was attended by about 50 members, who were anxious to become closely identified with the University. Professor Ashby suggested the establishment of a New England scholarship for the purpose of assisting worthy students from that section. This suggestion seemed to meet with a cordial reception, and several gentlemen promised to give \$100 each for this purpose. We hope this matter may be taken up and carried to a successful conclusion.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	91 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	120 00
1877.....	10 00
1880.....	5 00

1881.....	255 00	Florida.....	6
1882.....	310 00	Georgia.....	4
1883.....	40 00	Illinois.....	1
1884.....	40 00	Louisiana.....	1
1885.....	235 00	Maine.....	1
1886.....	100 00	Maryland.....	129
1888.....	50 00	Massachusetts.....	21
1889.....	100 00	Mississippi.....	1
1890.....	200 00	Missouri.....	1
1892.....	150 00	New Hampshire.....	4
1893.....	40 00	New Jersey.....	18
1894.....	135 00	New York.....	37
1895.....	155 00	North Carolina.....	55
1896.....	52 00	Ohio.....	4
1897.....	80 00	Pennsylvania.....	39
1898.....	115 00	Rhode Island.....	5
1899.....	105 00	South Carolina.....	25
1900.....	230 00	Utah.....	1
1901.....	280 00	Vermont.....	2
1902.....	355 00	Virginia.....	26
1903.....	375 00	Washington.....	2
1904.....	135 00	West Virginia.....	21
1905.....	220 00	Porto Rico.....	23
1906.....	250 00	Philippine Islands.....	3
1907.....	120 00	Cuba.....	12
1908.....	125 00	Mexico.....	1
1909.....	65 00	Canada.....	1
1910.....	75 00	Foreign.....	6
1911 Terra Mariae.....	3 50		
1912 Club Latino Americano.....	25 00		
1913 Club Latino Americano.....	30 00		
1913 Adjunct Faculty.....	29 85		
<hr/>		Total.....	472
<hr/>			
Total to July 1, 1914.....		\$10,910 02	

NEW SUBSCRIPTIONS IN JUNE, 1914.

Walter F. Sowers, 1906.....	\$10 00
E. G. Breeding, 1911.....	10 00

First-year Class.....	98
Second-year Class.....	106
Third-year Class.....	133
Fourth-year Class.....	117
Post-Graduate and Special.....	18

Total..... 472

Total for Month.....	\$20 00
Faculty of Physic Fund to July 1....	\$20,723 63

SUMMARY OF STUDENTS IN ATTENDANCE, SESSION OF 1913-1914.

Alabama.....	2
Arizona.....	1
Arkansas.....	1
California.....	2
Connecticut.....	13
Delaware.....	1
District of Columbia.....	2

ITEMS

Prof. and Mrs. John C. Hemmeter have been spending some time at Atlantic City, where Dr. Hemmeter attended the annual meeting of the American Medical Association and delivered two addresses. Dr. Hemmeter was recently elected a foreign member of the Imperial German Academy of Sciences.

Dr. Albert H. Carroll has also been spending some time at Atlantic City. He attended the

meeting of the American Medical Association while there.

By request, we beg to publish the following list of our alumni located in Washington, D. C., with their addresses, as nearly as we are able to ascertain:

Howard Emerson Ames, class of 1874, Med. Dir., Captain, U. S. N., retired.

Guy F. Arnold, B. M. C., class of 1900, 1375 Monroe St. N. W.

Noble Price Barnes, B. M. C., class of 1893, 208 Maryland Ave. N. E.

Coleridge L. Beaven, B. M. C., class of 1908, 1st Lieut., M. R. C., U. S. A., Army Medical School.

Francis B. Bishop, class of 1883, 1913 I St. N. W.

Edward M. Blackwell, class of 1890, Surg., Lieut. Commander, U. S. N., Bureau of Medicine and Surgery.

Rupert Blue, class of 1892, Surg.-Genl., U. S. P. H. S., 1808 I St. N. W.

William B. Borden, class of 1906, 1st Lieut., M. C., U. S. A., Soldiers' Home.

Wm. Sinclair Bowen, class of 1888, 1399 Connecticut Ave.

Fletcher H. Brooks, B. M. C., class of 1902, P. A. S., Lieut., U. S. N., U. S. Naval Depot.

Francis Milnes Chisolm, class of 1889, The Rochambeau.

Horace B. Coblentz, class of 1896, 1432 U St. N. W.

George Robert Lee Cole, class of 1887, 418 7th St. S. W.

George Wyeth Cook, class of 1869, 3 Thomas Circle N. W.

Joshua Lambert Dulaney, class of 1868, 926 I St. N. W.

Edward H. Egbert, B. M. C., class of 1905, 1633 Q St. N. W.

Henry D. Fry, class of 1876, 1929 19th St. N. W.

Joseph N. Gardner, class of 1869, 1121 D St. N. W.

Hubbard L. Gillette, B. M. C., class of 1889, 1930 8th St. N. W.

Chester C. Groff, B. M. C., class of 1905, 1107 I St. N. W.

Herman E. Hasseltine, B. M. C., class of 1904, A. Surg., U. S. P. H. S., Hygienic Laboratory.

Horatio Budd Hollifield, class of 1882, 30th and Q Sts. N. W.

Harry Hurtt, class of 1895, 1524 P St. N. W.

Frank Hyatt, class of 1872, The Wyoming.

Benjamin Rush Logie, class of 1890, 1836 Connecticut Ave.

George Losekam, B. M. C., class of 1897, 1321 M St. N. W.

George H. Magee, B. M. C., class of 1907, 604 H St. N. E.

Wilson P. Malone, class of 1888, 1325 13th St. N. W.

Robert French Mason, class of 1894, 1431 21st St. N. W.

Thomas B. Miller, B. M. C., 1896, 630 5th St. N. E.

Andrew B. Mitchell, class of 1866, Home for Incurables.

H. Watson Moffitt, B. M. C., class of 1907, 1200 E. Capitol St.

George G. Morris, class of 1884, 1913 14th St. N. W.

Lewis Morris, class of 1890, Surg., Lieut. Commander, U. S. N.

Benjamin Newhouse, class of 1912, 1136 6th St. N. W.

Alfred Vandiver Parsons, class of 1889, 249 Carroll St., Takoma Park.

John Burr Piggott, class of 1907, 1400 M St. N. W.

Junius L. Powell, class of 1867, Lieut.-Col., U. S. A., retired, The Dresden.

James Julius Richardson, class of 1889, A. Surg., M. R. C., U. S. N., 1509 16th St. N. W.

Wm. Littleton Robins, class of 1890, 1700 13th St. N. W.

Linnaeus S. Savage, B. M. C., class of 1893, 623 Maryland Ave. N. E.

Aurelius R. Shands, class of 1884, 901 16th St. N. W.

Henry G. Shipley, class of 1865, 1417 Q St. N. W.

John O. Skinner, class of 1866, Major, U. S. A., retired, The Portner.

Henry D. Snyder, class of 1890, Lieut.-Col., M. C., U. S. A., Surgeon-General's Office.

Aubrey H. Staples, B. M. C., class of 1896, 1739 S St. N. W.

Isaac Scott Stone, class of 1872, 1618 Rhode Island Ave. N. W.

Clarence E. Strite, B. M. C., class of 1902, P. A. S., Lieut., U. S. N., U. S. Navy Department.

Joseph Ford Thompson, class of 1857, Cumberland Apartments.

Grafton Dent Townshend, class of 1911, interne Providence Hospital.

Arnold Dwight Tuttle, class of 1906, Capt., M. C., U. S. A., Soldiers' Home.

Walter Van Sweringen (Levy), class of 1904, 1722 S St. N. W.

Allen Walker, class of 1886, 739 Quebec St. N. W.

Charles H. Waters, class of 1871, 1414 Q St. N. W.

James C. Wynkoop, class of 1892, 1629 14th St. N. W.

The reorganization of the Health Department of Baltimore—Dr. Nathan R. Gorter, Health Commissioner—as a result of the investigation made recently by the United States Public Health Service and a similar investigation now under way by the Bureau of Municipal Research, is expected to lead to the abolishment of the present system of having 24 health wardens, one for each ward in the city. They will be succeeded by a corps of sanitary inspectors, whose duty it will be to keep the city free from nuisances and to keep yards, cellars and alleys clean. It is contended that physicians cannot be expected to give their whole time and attention to Health Department matters on the salary of \$900 a year now paid them.

Dr. William H. Toulson, class of 1913, who has occupied the position of resident pathologist at the University Hospital for the past year, left June 22 to take up the position of resident surgeon at Bayview Hospital. It is with much regret that we give him up, as he is one of the most popular residents we have ever had, and is liked by all—doctor, nurse and patient. He carries with him our best wishes and congratulations.

Drs. John S. (Jack) Norman of Bladenboro, N. C.; James F. (Muggsy) Magraw of Perryville, Md., and Arthur E. Cannon of Clifton, S. C., all of the class of 1909, paid a flying visit to the University and renewed old friendships.

We wish to extend our sincerest congratulations to Dr. George E. Bennett, class of 1909, who has been appointed instructor of clinical surgery

at the Johns Hopkins Medical School, announcement of which was made at the Johns Hopkins University Commencement. The position is a much-coveted one, carrying with it much honor. Knowing Dr. Bennett as we do, we feel sure that he will do ample credit to both himself and school.

We are pleased to note that St. John's College (the academic department) was among the institutions which were commended in a report of the War Department for the steady progress and improvement in the work of their military departments during the past year. These reports are based on the annual inspection of the military departments of educational institutions at which officers of the army are detailed as professors of military science and tactics.

We are in receipt of the following interesting letter from Dr. James B. Parramore, class of 1909. Dr. Parramore is located at 25 W. Church street, Jacksonville, Fla., and writes as follows:

"Jacksonville, Fla., May 19, 1914.

"*Dr. Nathan Winslow,*

"*Baltimore, Md.:*

"My dear Doctor—Am enclosing my check for two dollars, so please credit my account on the HOSPITAL BULLETIN. I received my copy the other day and enjoyed it very much, as usual.

"Since I was up in Baltimore I am glad to say things have been coming my way pretty well. I am now associate gynecologist to St. Luke's and the County Hospital. I was also appointed acting assistant surgeon, U. S. Public Health Service, for the Port of Jacksonville. I had to pass a civil service examination last year for this appointment, and believe me, it was sure hard.

"The weather down here is ideal. It has been so cool today that it felt more like fall than summer.

"If you see any of my classmates or friends, tell them I sent my best regards.

"With best wishes, I am,

"Sincerely,

"JAMES B. PARRAMORE."

Dr. Herbert H. Frazier, Baltimore Medical College, class of 1893, is located at Hanover, Mich. He came in recently to see us.

The suit of Mrs. Sallie Stirling Sadler against Dr. George H. Riggs, class of 1891, of the Riggs Sanitarium at Ijamsville for alleged assault and unlawful detention in his sanitarium, in which she obtained a verdict of \$6000 on March 20 last, was settled in the Superior Court June 25. Judge Bond granted a motion of Dr. Riggs for a new trial about two months ago, and ever since then negotiations have been in progress to settle the controversy. It was said that the compromise was for \$1000.

It is with sincere regret that we hear that Dr. G. A. Stem, class of 1912, who has been on the gynecological service of the University Hospital for the past year, has resigned his position and will take the army examinations in September.

Dr. Cleland G. Moore, class of 1909, came all the way from Schuyler, Neb., to see us once again. He has also been over to Johns Hopkins Hospital, viewing clinics.

Dr. John Holmes Smith, Jr., class of 1905, assistant surgeon, United States Public Health Service, is becoming an all-round specialist as well as an immigration expert. Holmes, Jr., says that he takes part in referring from 100 to 200 patients to the Government hospital every day. He is quite infatuated with the Ellis Island station. Besides, he says New York is "some place." He dropped in to see old faces at the University of Maryland the other day.

Dr. William C. (Reds) Marrett, class of 1911, is at the New Jersey State Sanatorium. He was also a recent visitor to the University.

Dr. Raymond L. Johnson, class of 1914, will be at the University Hospital for the coming year.

Dr. James W. Katzenberger, class of 1914, will be at the St. Agnes Hospital for the coming year.

Dr. Earle Griffith Breeding, class of 1913, is at the Atlantic Coast Line Hospital, South Rocky Mount, N. C. At the commencement exercises of Washington College, Chestertown, Md., June 17, the degree of Master of Science was con-

ferred on him. While in Baltimore he paid a visit to the University and renewed old friends.

In a circular issued recently by Health Commissioner Gorter a recommendation is made that physicians use the anti-typhoid vaccine as a general measure for the prevention of typhoid fever. The circular was sent to every practicing physician in Baltimore. The vaccine is furnished by the department.

Miss Grace Elma Uhler, daughter of the late Dr. John R. Uhler, of 1615 McCulloh street, Baltimore, desires to announce that she is prepared to take notes or translate from French or German into English, and would appreciate work from the physicians.

Dr. Guy S. Peppers, Baltimore Medical College, 1911, of Titusville, Fla., has been spending some time in the city. While here he stopped at 1620 E. Preston street.

Dr. and Mrs. Humphrey Butler sailed recently from New York on the steamer Vandyke for Brazil, where they will make their future home. Dr. Butler graduated in 1913, and on April 23 was married to Miss Mildred Bartownia Baker of Fredericksburg, Va. He is practicing his profession in Brazil, South America.

Dr. George A. Fleming, class of 1884, was among those who attended the American Medical Association at Atlantic City last month. He was made a Fellow of the American College of Surgeons at the convention held in Philadelphia, June 22.

Dr. A. K. Moilliet, who has been located at Aire Libre Pueblo, Mexico, has moved to Seymour, Tex. The change in location was made necessary by the abnormal conditions existing at present in Mexico.

Dr. P. W. Covington, class of 1908, is located at Raleigh, N. C., where he is Chief of the Bureau of County Health.

Among the recent visitors to the University were Dr. W. Henry Smithson, class of 1905, of New Park, Pa., and Dr. Raymond G. Hussey, class of 1911, of the State Sanatorium, Maryland.

The University of Maryland Medical Society held its final meeting of the year on April 21, in Chemical Hall. The entire evening was devoted to "common skin diseases." Dr. T. Caspar Gilchrist, who illustrated his lecture with nearly 200 slides, treated the subject in a masterly manner.

The subject was of special interest to the graduating class, as the final examination was to follow in a few days. Dr. Gilchrist is to be congratulated upon this clinic, for such it was, and also upon the enthusiasm awakened by his presentation of it.

As at the previous meetings, the large hall was overcrowded. Not only was the entire Senior Class present, but also the graduating classes from five of the training schools for nurses located in the city.

Such meetings should stimulate our alumni to a keen desire to participate. Much excellent work is being done at the University, and this should be made known. I know of no better or more praiseworthy way to aid in extending the sphere of influence of our alma mater than through the channel offered by the Medical Society. These meetings do much to extend our good-reputation to various parts of the city, as well as to more remote places.

We, at the University, do much work which is meritorious, but if we have one fault which stands out more clearly than any other it is this neglect by many of us to record and properly present before our own or some other medical society the work we are doing.

This is shortsightedness. Not only does this neglect work a hardship upon Maryland, but the benefits which arise to the worker are also lost.

A standard has been set by our local society which is high. It is an honor to be invited to read a paper before it. There has been no dearth of material in the past; may there be a superabundance in the future.

The Medical Society has demonstrated that it is doing an admirable work. The future is bright. If it had no other cause for being, the benefits arising from its activities to the student body alone would far more than justify its hearty support.

Dr. H. D. Clark, class of 1914, will be at the Garrett Hospital for the coming year.

We are in receipt of the following letter from Mr. W. A. Shaw of Oxford, Pa., a member of the class of 1912:

"May 29, 1914.

"Dr. Nathan Winslow,
"608 Professional Building,
"Baltimore:

"Dear Sir—I saw in the *Journal* lately that a fund was being raised for a memorial tablet to the late Dr. Eugene F. Cordell, and I am enclosing a check toward it.

"I was with the class of 1912 at the University of Maryland for a year and a half, and have very pleasant recollections of Dr. Cordell's unvarying kindness and courtesy.

"Yours truly,

"W. A. SHAW.

"Oxford, Pa."

At the annual banquet of the Baltimore County Medical Association, held recently at the Hotel Emerson, the following alumni were present: Drs. George G. Hill, J. Carroll Monmonier, H. Lewis Naylor, W. P. E. Wyse, Bennett F. Bussey, J. Mason Hundley, Milton P. Hill, J. F. Crouch, Harry S. Jarrett, Harry A. Naylor, James F. H. Gorsuch, N. H. D. Cox, J. T. O'Mara, J. M. B. West, Josiah S. Bowen, Eugene Kerr and A. C. Smink. Dr. Charles G. Hill responded to a toast.

Prof. Randolph Winslow attended the meetings of the American Medical Association at Atlantic City, June 22-26.

Dr. Frank Martin, professor of operative and clinical surgery, 1000 Cathedral street, sailed recently from New York for Europe on board the steamer *Oceanic*, to be absent until August. Dr. Martin will attend the tricentennial celebration of the University of Groningen, in Holland, at which he will represent the University of Maryland.

Dr. Gideon McD. VanPoole, Major, M. C., U. S. A., class of 1899, is stationed at the Schofield Barracks, Honolulu, Hawaii. He was formerly stationed at Fort Washington, Md.

Dr. Louis H. Seth, class of 1908, of Wittman, Md., was another recent visitor to the University.

Dr. J. Fred Adams, class of 1894, and Mrs. Adams, have closed their city residence, 1312 N. Charles street, and reopened their country home on Rolling road, Catonsville, for the summer.

Dr. Henry B. Thomas, class of 1888, and Mrs. Thomas, of 1007 Cathedral street, have been spending some time at the Cape May Hotel, Cape May, N. J. On their return they will reopen for the summer months their cottage at Blue Ridge Summit, Pa.

Dr. James J. Mills, Baltimore Medical College, class of 1889, of 853 Park avenue, sailed recently from New York on the steamship Madonna for Europe. He will return the latter part of July with his two daughters, who are at school in Belgium.

Dr. W. E. Wiegand, class of 1876, also attended the meeting of the American Medical Association at Atlantic City last month.

Dr. Marshall G. Smith, class of 1887, who recently recovered from an attack of pneumonia, has returned to his home after spending a few months at Blue Ridge Summit.

MARRIAGES

Dr. George Washington Mitchell, class of 1896, to Miss Katharine E. Diggs, both of Baltimore, Md., at Baltimore, June 20, 1914. After a honeymoon spent in New York and Atlantic City, Dr. and Mrs. Mitchell will occupy their apartment at the Algonquin, 11 E. Chase street.

Dr. Harry Lyman Whittle, class of 1903, to Miss Helen Juanita Whittle, both of Baltimore, Md., at Baltimore, June 15, 1914. They will reside in Baltimore, where the groom is practicing his profession.

Dr. Timothy O. Heatwole, D.D.S., 1895, M.D., 1897, dean of the dental department, to Mrs. Anna B. Latham, both of Baltimore, Md., at Baltimore, June 17, 1914. Immediately after the ceremony Dr. and Mrs. Heatwole left for North Carolina, where Dr. Heatwole is to read a paper at a convention of dentists to be held there.

DEATHS

Dr. Frank Slingsluff, class of 1868, of 1701 N. Calvert street, died at his home June 13, 1914, of apoplexy, aged 68 years. Dr. Slingsluff had not been in active practice for some years. At the time of his death he was president of the Baltimore Mutual Fire Insurance Co., and was formerly vice-president of the Commercial & Farmers' National Bank.

Dr. Christopher Johnston, class of 1880, died at his home, 216 Ridgewood road, Roland Park, of heart disease, June 26, 1914, aged 58 years. Dr. Johnston was professor of Oriental history and archaeology at Johns Hopkins University, and was known abroad as well as at home for his learning.

Born in Baltimore in 1856, the son of Dr. Christopher Johnston, one of the most eminent surgeons of his time, he received his preliminary education at the University of Virginia, from which he was graduated in 1876. He then studied medicine at the University of Maryland and, graduating in 1880, followed in the footsteps of his father and practiced medicine for eight years. He had always been a student, and was then an accomplished linguist, understanding Greek, German, Latin, French and Spanish.

In 1888 he became a special student in Assyriology and ancient and modern languages at the Hopkins. In 1892 he became instructor in Semitic languages at the University and had been associated with Dr. Haupt, professor of Semitic languages and director of the Oriental seminary, since that time.

A short time ago, when German scholars were preparing a work on the cuneiform languages, they wrote to consult Dr. Johnston, and Dr. Robert Francis Harper, the Assyriologist of the University of Chicago, acknowledged his indebtedness to Dr. Johnston in his preface to his book, "The Code of Hammurabi." Hammurabi was one of the Assyrian kings, and his code is said to be the most ancient law book known. Dr. Johnston was associated with Dr. Haupt in the latter's Polychrome edition of the Bible. He always retained his interest in medicine, and wrote some illuminating articles about the medicine of the Assyrians.

Of distinguished family himself, Dr. Johnston married Miss Madeline Tasker Tilghman of the old Eastern Shore family.

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Vol. X

BALTIMORE, MD., AUGUST 15, 1914

No. 6

LOCAL ANESTHESIA.

By ARTHUR M. SHIPLEY, M.D.,
and
FRANK S. LYNN, M.D.

The progress made in this field of work, both as to increasing its scope of usefulness and improving its technique, has prompted us to present this brief article; and while no attempt is made at an exhaustive review, still the important features will be considered.

By local anesthesia is meant the rendering of a part free from pain without any disturbance of consciousness. This might be produced by infiltrating the immediate field of operation, by injecting the sensory nerve leading to the part, by intravenous injection of Bier, or again, by intra-spinal injection, which, however, will not be considered in this paper, one prominent surgeon of this country having remarked that "spinal cord anesthesia has today no place in surgery."

For some years cocaine has been used for producing local anesthesia, but more recently novocaine has come into favor, and it is to this latter agent, in a large measure, that the increased popularity of this form of anesthesia has been brought about. While slower acting than cocaine, it has the great advantage of being one-seventh less toxic. Braun, who first tested it clinically in 1905, advises that it be prepared in solutions isotonic with the fluids of the body, so as to render it harmless to the tissue cells, he having used as much as 250 c. c. of from 0.25 to 0.5 per cent. solutions without any toxic effects. In our work we have used as much as 180 c. c. 0.5 per cent. solution; and with this amount we have not experienced any untoward results. With this amount it being possible to anesthetize a very extensive

operative field, one can at once see a reason why novocaine has increased the usefulness of local anesthesia.

Another point, first explained by Braun, is that novocaine itself is very fleeting in its anesthetic effects, and must be combined with adrenalin, which, on account of its vaso-constrictor properties, tends to arrest the circulation temporarily and greatly prolong the anesthesia. Tablets of novocaine containing the proper amount of adrenalin can be secured. These are dissolved in 0.6 per cent. salt solution, depending on the strength desired, and to each ounce of solution one drop of 10 per cent. hydrochloric acid should be added to insure a slight acidity, as adrenalin is precipitated in neutral or alkaline medias. The advantage of using the tablets is that the solution can always be freshly prepared, and can be sterilized. When novocaine powder is used in preparing the solution, about three drops of 1-1000 adrenalin should be added to each ounce of solution, together with the drop of dilute hydrochloric acid. A graduated syringe of 10 c. c. capacity, with a small-gauged needle of medium length, is a useful instrument in carrying out this technique.

Besides boils, felons, small tumors and cysts of the skin and other forms of minor surgery, this should be the method of choice where on account of advanced age or some functional or organic disease a general anesthetic would greatly increase the operative risk of the patient. And again, it is to be preferred when it depends, as Lennander remarks, "whether or not the surgeon has the advantage of having at his disposal the services of an expert anesthetizer."

Medical students should be taught this form of anesthesia, so that they can call it to their aid in emergency work. It will cause the operator to exercise more painstaking care, and instead of

blunt dissection, which will unquestionably cause pain by dragging and pulling, he will be forced to do his work by cautious dissection. While absolute quiet and decorum should reign in the room during an operation, such is not always the case, and oftentimes we have to contend with unnecessary noises and conversation. With our patient awake, it is a fact that the gentleness and quiet of the operator has a salutary effect on the assistants and visitors, the general atmosphere being an ideal one for an operating-room. Another advantage that might be mentioned is with this method recovery from operation is more comfortable on account of the absence of the nausea and vomiting which usually follows a general anesthetic. Newly-formed wounds, not being disturbed, are kept in a condition of uninterrupted rest, which greatly facilitates their healing.

Nor is this method only indicated in handicapped cases in place of a general anesthetic, but by some surgeons, particularly Crile and Bloodgood, it is advocated in combination with inhalation anesthesia as a means of preventing shock by inhibiting harmful impulses from reaching the brain. On this principle Crile has developed his technique of anoci-association. Previous to his presentation of this principle, the absence of shock when using a local anesthetic was attributed to the exclusion of a general agent. Since expressing his views, the work of Crile and others certainly demonstrates that the good results are due to the local infiltration, thereby blocking painful impulses from the wound.

Bloodgood, in endorsing Crile's work, says: "Unless this is followed in routine work, the surgeon will not be able to master the technique, and will not observe the difference in results."

To Braun, Kocher, Bier and Härtel we are indebted for the enlargement of this field of work. They have pointed out its possibilities, and today the work being done is so extensive that we no longer look upon local anesthesia as having a limited field, but a very general one, indeed, the gynecologist, proctologist and other specialists sharing with the general surgeon in the advantages of the infiltration method. In his work on sensory nerve distribution, Lennander contributed a great deal to this method, and we would refer you to his comprehensive work on this subject.

In the last two years in the Municipal Hospital at Bayview we have performed 150 operations under local anesthesia. The first 50 were with

cocaine and the last 100 a small amount of cocaine was used just at the beginning of the infiltration and the remainder of the anesthesia brought about with novocaine. In the cocaine series there were a number of cases showing mild cocaine poisoning and two cases of severe poisoning. These two cases were both being operated on for stricture of the urethra by internal urethrotomy, and a strong solution of cocaine was being used. In both cases the urethra had been lacerated previous to admission by rough instrumentation, and in both cases the symptoms came on almost immediately after injection of the cocaine. The symptoms were alarming in both cases, but neither case was fatal. In the novocaine group there was not a single case that showed even the mildest symptom of cocaine poisoning, either during or after operation.

The only time that any attempt was made to definitely inject a nerve was in the operations for inguinal hernia. Here the ilio-inguinal was usually blocked, and this made a smaller quantity of novocaine necessary for the production of anesthesia; but as the amount of novocaine did not seem of importance within reasonable limits, the advisability of this was not so evident.

We were driven to the use of local anesthesia at Bayview almost by necessity. Many of these patients are old, many have been alcoholics, most of them have marked emphysema and many of them suffer with some disease of either heart, blood vessels or kidneys, and some of them combine all of these ailments in one patient. Consequently, they are very bad subjects for general anesthesia. Therefore, as a solution for these difficulties, we have attempted to develop the use of local anesthesia in this clinic.

A number of unexpected difficulties arose. One patient with a strangulated hernia was both deaf and blind, and it was almost impossible to explain to him what was being done. Another patient, very senile and quite cloudy mentally, was being operated on for cholecystitis. He said he felt no pain, but because of the icterus he had considerable itching, and he insisted on being allowed to scratch himself during the course of the operation. This was disconcerting, especially as there were some visitors from another clinic present and we were anxious that things go smoothly. There are three chief factors in successful surgery by local anesthesia:

First—It is necessary to gain the confidence of

the patient. The operator should explain to him carefully the necessity for local anesthesia and get him under his control. This makes very largely for quiet and relaxation on the patient's part. It is well usually to talk to the patient at intervals throughout the operation. Above all, do not become querulous and impatient with him. By commanding his courage, by assuming a cheerful spirit of good comradeship with him and by telling him patiently what you are doing, many patients show an excellent spirit of co-operation.

Second—It is absolutely necessary to proceed carefully and slowly. Above all, do not pull suddenly or sharply on the tissues. All movements should be slow and deliberate. The fingers should be kept moist, as the dry gloves adhere to the tissues and pull. This is most important when working in the peritoneal cavity.

Third—Care should be taken to work within the limits of the anesthetized area. This latter precaution is not always possible, but if the skin and subcutaneous tissues be widely infiltrated, very extensive operations may be done without pain. There is, however, a marked difference in different individuals in their reaction locally to novocaine. Occasionally we have seen individuals whose tissues are very little affected by novocaine. Here we have suspected some fault in the preparation of the solution.

In this series of cases there are a number of minor operations, such as circumcisions, dorsal incision for phimosis, suppurative inguinal adenitis, the excision of small tumors, etc., but the list includes the following: Two gastrotomies, one resection of colon, one gastra-enterectomy, two skin graftings, sixteen inguinal herniotomies, one femoral herniotomy, two umbilical herniotomies, one amputation of the thigh, two amputations of the leg, two bone plating operations (clavicle and humerus), one appendectomy, two thyroidectomies, one excision of the lip, one cervical adenectomy, five operations on the rectum, one suprapubic prostatectomy, two cholecystotomies, one laparotomy for typhoid perforation, four laparotomies for tubercular peritonitis and three exploratory laparotomies for ascites, five thoracotomies for empyema, one exploration of the pelvis and five arthrotomies.

We were in doubt as to the use of novocaine in skin grafting, but proceeded as follows: We did not infiltrate the area of skin to be used for the grafts, but infiltrated a circular area around the

margin and produced a satisfactory anesthesia. In the thigh amputation the sciatic nerve was infiltrated with a 2 per cent. cocaine solution just below the lower border of the gluteus maximus muscle. This did not affect the front of the thigh, which was anesthetized by local infiltration with novocaine. The patient said he felt no pain, and apparently was not uncomfortable, even when the femur was sawn through.

The gastro-enterostomy was performed for starvation produced by late carcinoma of the pylorus, and the anterior operation was done in order to lessen the pull on the mesentery produced by handling. If care be taken not to pull on the mesentery, and if the fingers and gauge be kept moist, very extensive abdominal work may be done. The chief disadvantage is the extra time that is required. By thorough infiltration of the abdominal wall a satisfactory degree of relaxation can be gotten.

In this list there is one case where an attempt was made to explore the pelvis by sight. Here we met with a difficulty. In the Trendelenburg position the patient was very comfortable until we attempted to pack the intestines away from the lower abdomen. This forcible packing produced not pain, but nausea, and the retching interfered seriously with the exploration.

In this series there are 10 operations, involving incision or handling of bone, three amputations, two bone-plating operations and five rib resections. In the thoracotomies we applied pledgets of cotton with powdered cocaine to the rib surface before incising the periosteum, but in the other cases no attempt was made to render the bone or periosteum painless. The chief complaint was because of the jarring and the force necessary to unlock the fragments *in situ*. Even here gentleness and caution overcame most of the discomfort. In this connection thoracotomies in children are best done under general anesthesia. The fright, excitement and tossing about with a local anesthetic tend to produce shock more than general narcosis.

In passing, another local agent should be mentioned, namely, urea and quinine hydrochloride, in $\frac{1}{2}$ to 1 per cent. solutions. This agent has very slight toxic properties, has a tendency to check bleeding and usually lasts several days, which makes it very valuable in rectal and throat work. The venous anesthesia of Bier, which I had the opportunity of seeing used in his clinic in 1909,

has proven so satisfactory in the hands of those familiar with this method that I will briefly give the technique here:

The part is rendered bloodless with an Esmarch rubber bandage, and at the central end of this bloodless field a constricting bandage is applied to maintain the anemia. The Esmarch is then removed. At the distal end of the operative field another constricting bandage is applied. Then between these two bandages a vein is exposed and opened, a ligature being placed on the central side of the opening, the canula inserted and directed toward the distal side. From 20 to 100 c. c. of 0.5 per cent. solution of novocaine and adrenalin in physiological salt solution are injected, the canula removed and vein tied. The anesthesia is produced between the two bandages in about five minutes, and is termed the "direct anesthesia"; that below the distal bandage in from 10 to 20 minutes, this being termed "indirect anesthesia." The veins usually opened are the internal saphenous for the lower extremity and the basilic or cephalic for the arm. Anesthesia has lasted as long as an hour and three-quarters. Of course, this form of anesthesia is only possible in the extremities, and the principal operations in which it can be used are amputations, resections, fixations of fractures, suturing of tendons and phlebectomy. After removal of the bandages, sensation is restored in from two to ten minutes.

By way of recapitulation:

Local anesthesia has undergone wonderful developments in the past five years. The technique has been greatly perfected. The field of usefulness has been extended. It has made surgical operations possible where general anesthesia would have undoubtedly caused death.

It is a valuable adjunct to general anesthesia where shock is an important item.

The agent that has made most of these advances possible is novocaine.

In conclusion, we join with Mitchell in trusting that "the method will not be condemned as it has been in the past because of ignorance of its possibilities and inexperience in its application."

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ADDRESS OF DR. RIDGELY B. WARFIELD, DELIVERED AT THE ANNUAL BANQUET OF THE MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, MAY 30, 1914.

It has been said that in the work of the imagination the unpractical poet and seer of one generation are but the men who, by faculty of vision, see the sunrise a little further off than others and indicate the coming radiance. The poet does not make the sunrise, but he sets idealists at work watching for the coming of the light.

Viewed by the ordinary man as a fantastic visionary, the idealist nevertheless compels attention to ideas already originated, but unregarded, which grow and spread, reformulated in another day by those in sympathy with their age, until directed by practical minds they finally prevail in new establishment of material, measure or policy.

And thus it is that all advancement, even all civilization, may be said to be the work of the imagination.

This is obvious enough, and still so easily forgotten.

Hero worship is easy to all of us, and we are used to appreciate the inspiration and idealism in great individual achievement; we forget that it is general and universal.

We understand that there was something other than superlative craftsmanship in Michael Angelo in the building of the dome of St. Peter's and in the painting of the Sistine Chapel.

We know that perhaps the two greatest men in Europe in the eighteenth century were great idealists—one to an absurd degree, with his silly poetry, written on the very eve of mighty battles—yet Frederick the Great made of unimportant Prussia a world's kingdom, and Chatham spread the power of Great Britain to the four corners of the earth.

We know, too, the cost of the lack of idea and imagination, as, for instance, in the Bourbon princes, hopeless in every generation—the cause of the French Revolution—and in George the Third, whose fixed lack of vision, ever conspicuous, lost to England her American colonies.

It is everywhere and in every age the same story—the overwhelming influence of idealization.

I cannot refrain from citing another example this time in our own country. The story of the early life of Abraham Lincoln is often mentioned as a remarkable instance of the triumph of native ability over difficulty and scantiest opportunity. But because of his passion for knowledge and an inveterate industry, we now understand that his striking literary style, so far as its formal qualities are concerned, was by no means accidental, or even surprising. We are only perplexed, as Mr. Mabie points out, by the temperamental qualities, by the soul of the style.

This great American was close to the heart of a new country, had deep and genuine sympathy for its people, a beautiful gentleness, and, above all, an innate and profound idealism that carried him far beyond the reaches of statesmanship or oratory and gave his words, as in the Gettysburg address, that finality of expression which marks the noblest art.

In an intensely practical age our young men strive, and properly, for equipment and opportunity to join the ranks of the doers in the world. Some things we know. Even the indolent and unimaginative have come to understand that there is no mastery without apprenticeship, and that the single word for achievement is "work."

So my message tonight to our graduates is only this: Work as earnestly as you will. Do what lies clearly at hand. But though you need work for bread and dig and delve and bend your backs to the burden that is laid upon you, think of something other than the treadmill and the corn. Bear in mind Dr. Osler's admirable advice: "Take no thought for the morrow. Live neither in the past nor in the future; but let each day's work absorb your entire energies and satisfy your widest ambition."

And cultivate ideas; exercise your imagination. Youth has its vision, as it has of everything worth while the largest measure. Let it find expression. Be not afraid of derision, as "behold the dreamer cometh," and, if you have learned to work, disregard the half truth that pure idealism in the individual makes for failure. For, said Emerson, "A man must have ideas, he must obey ideas or he might as well be the horse he rides on." And "of no use are the men who study to do exactly as was done before, who can

never understand that today is a new day." And to those of us no longer young, may we not offer the same advice? Perhaps we need it more than the others, for youth even unconsciously walks for the most part in pleasant paths and has in its heart the freshness of spring.

But when youth is gone, there are particular dangers which we can best control or avoid by the stimulation and solace to be derived from the use of the imagination, the dangers of weariness, of lessened strength, of diminished zeal, of selfishness, of bigoted or intolerant spirit, of premature, ungracious senility.

Surely, to those of us who have reached the uplands of life, with the descent beyond and not so far away, there is need of all the inspiring atmosphere and clearer vision that such position should afford.

And to those of us, members of the faculty and teachers, who have the interests of the University in our keeping, how great is the present need of an enlightened idealism!

Of the conditions surrounding the unendowed medical schools in this country, and particularly in Baltimore, I need not speak, because, for the most part, they are understood as inevitable and only an expression of the tendency of the times. How we have met these conditions and how we are to meet them is more pertinent. In the elimination of the Baltimore Medical College and the association of its teachers with the University of Maryland, the faculties of both bodies have done well. That there have been certain difficulties and discords because of the amalgamation was to be expected. In truth, there have been very few.

Of greater moment have been certain irregularities and lack of balance in curriculum, imposing unnecessary hardship on our classes which should be easily corrected. But our work is only begun. The situation in Baltimore demands that there shall be, in addition to the Hopkins, one high-class medical school of unquestioned scholarship and requirement, making full use of the abundant clinical material that the city affords. On some foundation this school of the future will be builded, and, if not by ourselves, by others.

I do not doubt that the University of Maryland is that foundation; but our assets are not so large that we can afford to disregard any man or measure that can add to our strength. If, for the present, there is an over-store of clinical teachers,

it does not matter, provided only that the student profit by the best teaching. In the whole matter—and this is of first importance—the institution and its needs should alone be considered, not the individual at all.

In the last analysis the University of Maryland will stand or fall, according to her deserts. And she will deserve according to the quality of the service of her sons, not only that abroad among the people, which in the aggregate has been a splendid and fruitful service throughout the country for all a hundred years, but now, in her hour of trial, by unselfish service rendered the University herself.

So large is the occasion and so ripe the opportunity that if we clear the situation of every suggestion of personal advantage and individual importance; if we lift from the institution the last possibility of reproach of a governing body concerned in its own welfare or profit; if we demonstrate clearly our emancipation from the unthinkable principle that in this twentieth century medical education can be maintained by a group of men, however estimable, for their own benefit, we will be rich beyond measure in our very poverty.

If this comment carry the suggestion of criticism, it is not so intended. In the remarkable advance in standard in medical education the University of Maryland has until now, with courage and sacrifice, met the ever-increasing requirements, with difficulty, perhaps, but adequately. But more is necessary.

Not only is the private medical school of the past doomed and almost disappeared, but the school of whatever sort, unendowed and without considerable assistance from State or philanthropist, cannot measure to the necessity of the future.

But a new day is at hand. There are indications that the whole educational problem in Maryland has aroused a new interest in the State. Two boards have been appointed, having charge of movements as yet undefined, but of great possibility and promise. At their hands the University of Maryland must receive, because of her importance, large consideration.

Let us, on our part, with awakened imagination and without regard for self, put our house in order for the coming of the light.

Untrammelled then, entitled to advance, on the foundations of an honorable past, illuminated by the idealism of her many alumni and out of abundant resources from State or citizen, will

be reared in this University a medical department of unquestioned excellence and dignity, fitted to bear the beacon of enlightenment along the paths of progress.

THE THYROID AND PITUITARY GLANDS IN OBSTETRICS.*†

By B. U. BROOKS, M.D.,
West Durham, N. C.

The purpose of this paper is to bring to your attention the physiological action of the thyroid and pituitary glands and the therapeutic value of the extract of these glands in obstetrics.

Physiological investigation has shown that the thyroid gland discharges into the circulation a secretion which exerts its effect *directly* upon some organs and *indirectly* upon others, probably through the nervous system. The active principle is iodine in thyroid combination, and the therapeutic activity of the gland is in direct proportion to the amount of iodine present.

Thyroid secretion contains two principal constituents, a nucleo protein rich in phosphorus and a globulin containing iodine. This globulin increases nitrogenous elimination. Sajous says, "Thyroid extract enhances general metabolism and nutrition by increasing the functional activity of the adrenals, thus augmenting the proportion of oxyhemoglobin in the blood. As this in turn enhances metabolism in all organs the defensive agents of the blood—phagocytes and auto antitoxin—are increased in proportion."

In some parts of the world we are told it has long been the custom for the parent to measure the circumference of the daughter's neck before and after marriage, an increase in size being regarded as an evidence of pregnancy, the change being due to the relationship of the reproductive organs and the thyroid.

Animals who have had the thyroid removed show greatly diminished sexual and reproductive activity. They either do not become pregnant or after becoming pregnant they abort. Other experiments show that *non-pregnant* animals exist normally with but one-fifth of the thyroid, while they speedily suffer with convulsions when they become pregnant.

*Read at Sixth District Medical Society in Durham, N. C., May 2, 1913.

†Reprinted from the *Charlotte Medical Journal*.

The physiological explanation of this is that the thyroid supplies a secretion to the blood which has an intimate relation to pregnancy. One of the properties of this secretion is the destruction of poisons in the blood, that it produces anti-bodies and opsonins in the blood stream. With the increase then of poisons in the body incident to pregnancy, together with that produced by the fetus, the function of the thyroid is increased, and hence its enlargement. When its function fails or is lacking in efficiency we have an accumulation of the waste which gives rise to albuminuria, edema and eclampsia. In such cases the extract of the thyroid gland has been found of great value.

Extract of the pituitary gland has also been found of value in obstetrical work. During the past year pituitary extract has been used many times in obstetrical clinics, but has not become sufficiently well known to be much used in general work.

Pituitary extract, or pituitrin, is an extract of the posterior or infundibular portion of the pituitary gland. When injected into the skin it produces a rise in blood pressure and at the same time it exerts an inhibitory influence upon the pulse rate, causing it to fall from four to seventeen beats per minute. Its action in this respect is quite similar to that of adrenalin except that the action of adrenalin is quite transient, while with pituitary extract the blood pressure remains elevated much longer, in some cases half an hour or more, and the heart action is slowed.

Pituitary extract exerts its influence also upon the kidneys, increasing the secretion or excretion of urine. Schaefer states that "there can be little doubt that the secretion of the pituitary glands acts normally in promoting the function of the kidneys, and that in anesthetized animals it promotes a free flow of urine. This may be due to the increase in blood pressure, though Schaefer affirms that it is due essentially to the action of a substance present in the pituitary tissue. This is proved by the fact that if the dose be repeated the second dose is inactive so far as blood pressure is concerned, yet a marked increase in the rate of flow of urine is obtained.

Bearing in mind its physiological action in raising blood pressure, the extract would be of value in shock following an obstetrical operation,

or in any other condition in which the element of shock has to be reckoned with; and bearing in mind its effect upon urinary flow, it may be used as an efficient remedy to establish urinary secretion in instances where partial or complete suppression of the urine follows labor or operation upon the genito-urinary tract. Hofstaetter of the gynecological department of the Vienna General Polyclinic recommends it as a vesical tonic, stating that it permanently relieves 75 per cent. of the cases of anuria and dysuria following labor or gynecological operations.

Pituitrin exhibits its most evident effects upon the uterus itself. Its action here is similar to ergot, and by some it is regarded as the most reliable oxytocic known. It exerts its power, however, only upon the uterus in which labor has previously set in, having no effect upon the pregnant uterus in its normal state of quietude.

In the first stage of labor it exerts a pronounced effect which extends through the second stage, causing stronger and more regular pains, and causing this stage to be more quickly terminated. Extending into the third stage, it causes a more rapid expulsion of the placenta and renders the uterus more sensitive and susceptible to the ordinary methods used to induce contractions, and in this way preventing postpartum hemorrhage. Its greatest value is in slow labor in which the pains are of insufficient force to produce birth, or in uterine inertia. It is also of value in incomplete abortion, often causing the placenta to be expelled without any internal manipulation.

Bandy of the University of Breslau reports its use in ten cases of slow labor, in which cases it was used to stimulate uterine contractions. It was successful in eight, partially successful in one and negative in one. In the eight successful cases labor had been in progress an average duration of 36 hours before the pituitrin had been used; after its use there was an average duration of 28 minutes before labor was terminated.

Fischer of the Gynecological Clinic of the University of Wurzburg reports results from 50 obstetrical cases. He says it may be depended upon as an oxytocic in primary and secondary labor pains, but acts more energetically if labor is well advanced when it is first administered. It does not produce premature birth, but is serviceable in cases of abortion and in cases of premature birth that were in progress before its use.

RESPONSE TO ADDRESS OF WELCOME
BY RICHARD GRADY, M.D., D.D.S.*

Mr. Chairman, President Morgan, Ladies and Gentlemen:

It is a cardinal principle with me not to protect myself from worthy causes which solicit my support. Born in New York, I have rejoiced at all the good things said about my native State at the meetings. Dr. Downing, the representative of the Governor, told you that he was born in Maryland, but emigrated to New York; I was born in New York, but moved to Maryland, my Maryland.

President Morgan, the dental profession and this National Mouth Hygiene Association owe a debt of gratitude to Rochester, including its dentists, for inaugurating the first free dental clinic in this country, which its citizens voted its "most worthy charity;" and to the State Board of Health of New York for the appointment of two dental lecturers under the administration of Dr. Porter when Health Commissioner.

In behalf of the Board of Governors I thank you, sir, for your presence as the representative of the Chamber of Commerce, which has given its influence to this noble work and whose hospitality I shared at a dinner yesterday with some of its members.

The chairman has introduced me as "the father of the national oral hygiene movement." It has been my privilege to inaugurate two movements which have spread throughout the length and breadth of the land. My life has spanned the entire development of manual training as part of school systems, and the enlistment of the active co-operation of schools in inculcating cleanly oral habits among children. Some thirty years ago I organized and was the first director of the Baltimore Polytechnic Institute (which today numbers 1200 students in a million-dollar building). It was the first instance where a school entirely devoted to manual training had been organized on the same plan and grade as part of any school system. Its inception marked an era in the educational history of this country. Philadelphia, Toledo, Cleveland quickly followed. It gave me genuine pleasure to visit your Rochester Shop School and get some of its products which I am carrying home.

The work for oral hygiene has also produced an impression as beneficent as it was profound. In June, 1900, I presented a paper to the American Medical Association entitled "Co-operation of the Public Schools in Teaching 'Good Teeth, Good Health.'" This at once challenged the attention of the press, which is not only a guide, but a moulder of public opinion. A leading paper gave two columns to a summary under these heads: "A Toothbrush Drill—Dr. Grady says it is as necessary as gymnastic exercises; 'Good Teeth, Good Health'—Suggestions for a systematic examination by competent dentists of the mouths of school children."

Following this paper I went the same year to the meeting of the National Dental Association and offered a resolution calling for the appointment of a committee of five on oral hygiene in public schools. I was appointed chairman and served four years, being succeeded by Dr. Corley, who presides today; and he by Dr. Ebersole, our secretary-treasurer. All of us are still abiding friends of oral hygiene.

The work of the Mouth Hygiene Association is patriotic and national. Its mission is of prime importance, as it is earnestly striving to make education in mouth hygiene an essential part of school education to millions of children—more than 20 per cent. of the entire population—by promise a nation within a nation—the great republic of tomorrow. "Whatever we wish to see introduced into the life of a nation must first be introduced into its schools."

I need hardly say to you, President Hunter, that educational reforms originate outside of the teaching profession — kindergartens, manual training, drawing by the influence of manufacturers and business men. It is not, therefore, empty rhetoric to speak of the obligations resting upon the Chamber of Commerce to have the municipality of Rochester do as Detroit and Philadelphia have done in providing for the care of children's mouths, Detroit establishing ten clinics costing \$12,000.

Account yourself happy, President Morgan, that it is your lot to espouse so noble a cause, to stand by it, to see it grow, to help it grow. Accept the co-operation of wealthy and public-spirited citizens who believe that their money will be well bestowed. Do not say that I am talking with wild Utopian ideas. Not so. These things will come, perhaps speedily. Can money be ob-

*Address delivered at the Annual Meeting of the National Mouth Hygiene Association, held at Rochester, N. Y., July 10, 1914.

tained for such a purpose? I think so decidedly. All over the land proof is daily given that men and women of great hearts are making common cause with humanity, and the case of the public spirit of the Forsyth brothers of Boston is but an illustration of the spirit that prevails. One-twentieth such gift as the two-million endowment for the maintenance of the Forsyth Dental Infirmary for children would place the Rochester Dental Infirmary in the front rank.

In looking over the prospectus of the Forsyth institution I am touched with the words: "Dedicated to Children."

What do we live for, if it is not to make life less difficult?

"We herald a day that is coming.
The hope of the race is the child."

The bad condition of children's teeth may be looked upon as a national calamity. Of 18,000 young men refused enlistment in the United States Army in one year, 1000 were rejected on account of defective teeth. Of 1000 midshipmen in the United States Naval Academy, where I am on duty, only 20, or 2 per cent., had not received or did not need dental treatment. The importance of the care of the teeth to the health of the army and navy is now appreciated, and dental corps have been created to preserve the teeth of the personnel and insure physical fitness.

Mr. Chairman and fellow members, let us—

"Follow and honor what the past has gained,
And forward still that more may be attained.
Hold fast the good and seek the better yet."

INGROWING TOE NAIL.

By NATHAN WINSLOW.

It is the tendency of the profession to pay most attention to the uncommon ailments and more or less to neglect the common and what are considered minor ills. Therefore, it is not amiss occasionally to recall to the attention of our readers facts concerning the lesser affections to which mankind is heir. Not only in the classroom, but also in textbooks oftentimes too much is assumed by the teacher or author as fully understood by his audience or readers. No procedure is so simple that it is thoroughly understood by everybody, and it is the simple ones especially

which need constant elucidation if the profession as a whole is to attack the problems facing it intelligently. Amongst the minor surgical affections—and the condition is always surgical—which any medical man should be able to handle intelligently is ingrowing toe-nail. As this malady is capable of giving rise not only to much annoyance, but in some instances even incapacitating its possessor, a few words here concerning it is not amiss. At the outset we wish to impress upon our readers that the name is a misnomer, the surrounding soft tissues from too tight-fitting or too short boots through pressure becoming inflamed and heaped up over the nail rather than the nail growing down into the tissues, though occasionally there is actual hypertrophy of the lateral edge of the nail. It is a very crippling condition, peculiar only to civilized people, and is not seen in those who go barefooted. Most commonly it attacks the outer side of the great toe. At its inception the patient complains of a sore feeling,



and the affected part is tender, red and inflamed. As days pass the tissues become more and more swollen, until the nail is well buried by the soft structures heaped up around it, and takes on the characteristics of a chronic ulcer, exuberant granulations being thrown out profusely and overlapping the affected side. It manifests exquisite sensitiveness to pressure, and a little pus can be seen escaping from under the granulations.

Here, as in a large number of other affections, prevention is more to be sought than surgical attack. When a person notices the little warnings of beginning, he should be warned not to trim off the edge of the nail, but to cut it straight across. This simple procedure oftentimes will effect a return to the normal. If the affection is not well developed, a little cotton may be pushed under the nail and between it and the soft structures. Careful attention to this injunction occasionally produces a cure. We are, however, more concerned with a well-advanced case in which nothing short of operation will effect a cure. There have been many operations advanced for this purpose, most of which are good and will

answer. But bearing in mind the injunction that it is the function of surgery to cure quickly and with as little inconvenience to the patient as possible, as well as the fact that any physician should be able to perform the operation, also the pathology of the condition, namely, a proliferation of the soft tissues and not of the nail, a simple operative procedure offers itself. The operation which is about to be described can be performed under cocaine anesthetization with little or no pain to the patient. It consists in slicing away the exuberant tissue from the nail. The wound if left to granulate, leaving after healing a contracted scar instead of pulp, the cicatrization of which pulls the soft structures away from the nail. As there is no longer any pulp, ingrowing nail is out of the question. In this operation the nail and the matrix is left strictly alone; therefore, healing takes place more rapidly and the patient is invalided for a much shorter period than by other operations. Moreover, the operation is radical and effective.

BOOK REVIEWS

TEN SEX TALKS TO BOYS (Ten Years and Older).

By Irving David Steinhardt, M.D., Author of *Ten Sex Talks to Girls, Fourteen Years and Older*; Instructor in Clinical Surgery and Assistant Surgeon, Cornell University Medical School; Assistant Pediatrician, Mt. Siani Hospital, O. P. D., New York City; Orthopedic Surgeon, New York Hospital, O. P. D., and Bronx Hospital and Dispensary; First Lieutenant Medical Reserve Corps, U. S. A.; Member of American Medical Association, The American Society of Moral and Sanitary Prophylaxis and The American Academy of Political and Social Science, etc. With 12 illustrations. Philadelphia and London: J. B. Lippincott Company. Cloth, \$1 net. 1914.

It is doubtful whether discussion of sexual matters either frankly or veiled before boys or girls accomplishes much. If one stops to think of what risks medical students run even after having had practical demonstrations of the ravages of venereal diseases, one can hardly imagine a discussion of this kind with immature minds will result beneficially. Perhaps one boy may be led to realize the dangers he runs when he

plays with fire, but to my mind in most instances attraction to the sexual organs tends to increase the curiosity of the child rather than allay. Be this as it may, there are many others who believe just the opposite, and Dr. Steinhardt is one of them. He believes the child should be fully informed by either the parent or doctor or book concerning matters sexual, and in this belief has compiled a book out of a series of lectures delivered by him to school children in New York. All the sexologists leave one burning question out of consideration, yea, seem to neglect it entirely—that is, what is spoken of as passion, an attribute when overly developed will lead the possessor to risk anything to gratify his or her desire. However, if the subject is to be discussed, there is no better series of talks upon it than those of this book. The subject-matter is handled in a most delicate vein and in such a way as to give no offense to the proprieties.

PHARMACOLOGY: CLINICAL AND EXPERIMENTAL.

A Groundwork of Medical Treatment, Being a Textbook for Students and Physicians. By Dr. Hans H. Meyer of Vienna and Dr. R. Gottlieb of Heidelberg, Professors of Pharmacology. Authorized translation into English by John Taylor Halsey, M.D., Professor of Pharmacology, Therapeutics and Clinical Medicine, Tulane University. With 65 text illustrations, seven in color. Philadelphia and London: J. B. Lippincott Company. Cloth, \$6 net. 1914.

This is a day of therapeutic nihilism; therefore, the appearance of a book such as the above should go a long way toward recalling to the profession that there is still some virtue in drugs provided they be employed intelligently. In this book one obtains the experience of the authors in the physiological action of drugs as observed by them clinically and experimentally. As drugs either act upon organs or the causative factors in disease, the authors have divided their book into two sections, the one dealing with those drugs influencing organs or their functions, organotropic, the other with those acting upon the causative agents of disease, etiotropic. In order to simplify the subject they have further described and analyzed those acting upon the organs separately for each organ or functional system. One here

finds the handling of this subject from a somewhat different viewpoint than customary, which adds a touch of poignancy to the book. Besides, it enables the English reading students to learn what our German confreres are doing in this important field of medical research. The translation, unlike many, is rendered in excellent English. It gives us great pleasure in recommending the book as thoroughly reliable and trustworthy to those contemplating its purchase.

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
 Dr. Nathan Winslow, \$10.
 Dr. D. W. Cathell, \$10.
 Dr. Eugene Kerr, \$10.
 Dr. Randolph Winslow, \$10.
 Mrs. Randolph Winslow, \$5.
 Dr. Hiram Woods, \$10.
 Dr. J. W. Holland, \$10.
 Dr. J. Mason Hundley, \$10.
 Mrs. Nathan Winslow, \$1.
 Dr. Joseph E. Gichner, \$1.
 Dr. Ernest Zueblin, \$5.
 Dr. Edgar G. Ballenger, \$10.
 Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.
 Henry P. Hynson, Phar. D., \$10.
 Dr. C. W. McElfresh, \$3.
 Dr. A. H. Carroll, \$5.
 Mr. W. A. Shaw, \$5.
 Dr. A. W. Valentine, \$3.00.
 Dr. S. Demarco, \$1.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

Dr. J. M. H. Rowland is in receipt of the following interesting letter from Dr. C. L. Beaven, U. S. Army, B. M. C., class of 1908, who is located at Texas City, Tex.:

"Twenty-third Infantry Camp,
 "Texas City, Tex.

"July 17, 1914.

"Dr. J. M. H. Rowland,

"Baltimore, Md.:

"Dear Dr. Rowland—Today I received a copy of THE HOSPITAL BULLETIN of the University of Maryland and Baltimore Medical College News, for which I wish to thank you. Have read it with much pleasure, especially so down here in Texas, which is not the most desirable place to be at this time of the year, with the thermometer hovering around the 100° mark most of the time.

"As you know, I am in the Army, but I feel as if a few words in praise of the bridge that carried me over is not out of the way, the bridge being, of course, *old B. M. C.* After being out of school for five years I took the preliminary examination for the Army, which is more difficult than any State Board I have ever seen. Out of 167 that took this examination, 19 of us passed, admitting us to the Reserve Corps and to the Army Medical School in Washington for an eight months' course. That was the most severe eight months I have ever been through, everything new and up to date in medicine being taught us, to say nothing of the strict discipline we were under. Out of the 16 men that finished the school and were recommended for a commission in the Medical Corps, every one of them had had college work previous to studying medicine except myself, half of them having A.B.'s from Harvard, Princeton and other big schools, to say nothing of their M.D.'s from Hopkins, Harvard, etc., so you see what I was up against. And as I was only a mediocre student at B. M. C., as you know, I cannot give the old school and her teachers too much praise.

"For the present am living down here in a tent, pursuing my Commander-in-Chief's 'watchful waiting' policy, which is going to win out in the near future.

"Am enclosing \$1 for THE HOSPITAL BULLETIN.

"Hoping I have not bored you by this rather lengthy note, and with best wishes and kind regards, I remain,

"Yours fraternally,

"C. L. BEAVEN."

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, AUGUST, 1914.

ETHEL PALMER CLARKE, R.N.

Mrs. Ethel Palmer Clarke has tendered her resignation as superintendent of the University of Maryland Training School, and will go to the Teachers' College of Columbia University in September to follow advanced work in hospital organization and administration.

Immediately after graduation in 1906 Mrs. Clarke accepted the position of head nurse at Dr. R. Tunstall Taylor's Hospital for Crippled Children, where she remained until October of that year, when she returned to her home in Richmond, and there practiced private nursing until June, 1907.

At this time the desire for larger and broader work, institutional in character, became very strong, and the superintendency of the DeSoto Hospital in Jacksonville, Fla., was accepted and continued for four years, or until her return to Baltimore to her alma mater as its superintendent three years ago.

With a splendid capacity for work, she has during the past three years brought the training school to a very high degree of excellence. But she has not confined herself to the management of this alone. Because of an unusual degree of ability as an organizer, many changes have been brought about, much teaching done, and new

methods introduced, and yet time found to accomplish many things beyond the walls of the training school.

Deeply interested in all of those fields of work which have to do with the progress and welfare of the members of her chosen profession, working along with other active and enthusiastic Maryland women, she has gained a wide knowledge, and this she has brought back into her University. And in the doing of it not only has she profited, but her alma mater has had its sphere of activities broadened and its good name extended. Had Mrs. Clarke done nothing else besides what she has accomplished in this field alone during the past three years, her time could not have been called wasted or the period one of small activity and reward.

In June, 1913, she was elected President of the Maryland State Association for Nurses, and re-elected for 1914, and for one year was Secretary of the Maryland State League of Nursing. In January, 1914, Mrs. Clarke was elected President of the Alumnae Association. She is a Red Cross nurse, and is Secretary of the Board of Directors of the Central District for Registered Nurses.

With a great enthusiasm for her work and just pride in the growing reputation of her alma mater, she has given abundantly to it benefits arising from this broad and rich experience. With a well-selected staff of teachers, with a keen appreciation of that nice balance which must be established and maintained between the practical and the didactic teaching, a very high standard has been set, and the graduates of the school pass from its doors excellently well equipped for their life work.

When Mrs. Clarke goes to Columbia she will take with her two very valuable things—the knowledge of a work well done and a pleasing memory of the many friends left behind. In no small way should this help recompense her for the heart throbs which she will experience in the severing of old ties.

Good solid stepping-stones have been laid in the past for the future journey. Each of these bears the imprint of "*opportunity embraced*," of "*ability*," and of "*enthusiasm*." Over these one may step to further successes, to the "Land of Greater Usefulness."



ETHEL PALMER CLARKE, R.N.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	91 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	120 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00
1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00
1899.....	105 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	250 00
1907.....	120 00
1908.....	125 00
1909.....	65 00
1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	29 85

Total to July 1, 1914.....\$10,910 02

NEW SUBSCRIPTIONS IN JUNE, 1914.

Walter F. Sowers, 1906.....	\$10 00
E. G. Breeding, 1911.....	10 00

Total for Month..... \$20 00

Faculty of Physic Fund to July 1....\$20,723 63

ITEMS

Dr. Louis C. Skinner, class of 1901, of Greenville, N. C., while on his way home from New York stopped over in Baltimore. While in the city he stopped at the Emerson Hotel and saw many of his old friends. It gives us pleasure to announce to his friends that he has been very successful in practice, and we extend to him our hearty congratulations and best wishes.

Prof. Randolph Winslow sailed from New York July 17 for London, where he will take part in the Clinical Congress of Surgeons, to be in session from July 23 to August 3. He will be joined in London by Dr. Frank Martin and one or two other surgeons from this State.

Dr. Hiram Woods and family have closed their house at 842 Park avenue and gone to East Gloucester, Mass., for the month of August.

Dr. Henry Chandlee, class of 1882, and Mrs. Chandlee, have left the city to spend the remainder of the summer at their island camp in the St. Lawrence River, near Gananoque, Ontario, Canada.

Dr. Charles L. Mattfeldt, class of 1886, of Catonsville, has returned to his home on Frederick avenue from the Baltimore Eye, Ear and Throat Hospital, where he underwent an operation some time ago for an affection of his head. The operation was a success.

Dr. A. Bradley Gaither, class of 1887, and Mrs. Gaither have closed their apartment at the Preston and are now at West Point, Va.

Dr. James J. Carroll, class of 1893, and Mrs. Carroll of the Latrobe Apartments, who have been traveling abroad since the early part of June, have returned to Baltimore. Later they will go to the Delaware Water Gap for the remainder of the summer.

Dr. William J. Steward, class of 1904, is chief physician at the Eastern Pennsylvania State Institution for the Feeble-Minded and Epileptic at Spring City, Pa. He was formerly connected with the Hospital for the Insane at Lancaster, Pa.

Dr. M. L. Lichtenburg, who has for the past two years been resident at the University Hospital, has left us to go into general practice in Baltimore. We regret exceedingly to lose Dr. Lichtenburg, but wish him much success in his new field of practice.

Maryland has been divided into 10 sanitary districts by the State Board of Health, in accordance with the provisions in the law passed by the last Legislature. Over each of these districts a physician will be appointed who will be responsible for the enforcement and general health conditions in his territory. Out of four health wardens already appointed, three are members of our alumni, as follows: District No. 3, Carroll, Howard and Montgomery counties, Dr. William C. Stone, B. M. C., class of 1903, of Ellicott City; District No. 4, Baltimore county, Dr. Josiah S. Bowen, class of 1903, of Mt. Washington; District No. 9, Talbot and Dorchester counties, Dr. Edgar A. P. Jones, B. M. C., class of 1893, of Cambridge. Following the appointments of the wardens, the board ordered an immediate survey to be made of Dorchester county. The work is to be done under the auspices of the County Medical Society, of which Dr. Guy Steele, class of 1897, of Cambridge, is president. At the request of Dr. John S. Fulton, class of 1881, the State Health Officer, Surgeon-General Rupert Blue, class of 1892, of the United States Health Department, has detailed a number of his assistants to help. Dr. Fulton will also take part in the survey. It is proposed that every house in the county be visited and health conditions examined. Many meetings throughout the county are to be held, at which there will be talks on matters of sanitation, illustrated with stereopticon and moving pictures. The idea is to arouse and instruct the people on health and sanitation, as well as to give the health officers accurate information as to sanitary conditions in the county.

Dr. Charles P. Noble, class of 1884, is now located at 513 N. 9th street, Boise, Idaho. He was formerly at 1510 Walnut street, Philadelphia, Pa.

We desire to tender our hearty congratulations to Dr. A. K. Moilliet, Baltimore Medical College, class of 1909, who in May last took the examinations of the Nova Scotia Medical Board and passed with distinction in obstetrics, pediatrics and gynecology. This entitles him to license registerable in England, giving the right to practice in the British Empire. Dr. Moilliet is at present located in Seymour, Texas, pending the settlement of the war in Mexico, where he was formerly located. He left in April when the war broke out.

Dr. William D. Cawley, class of 1902, of Elkton, has been appointed physician at the Cecil County Insane Asylum.

The seventieth annual meeting of the American Medico-Psychological Association was held in Baltimore from May 26 to 29. Dr. Randolph Winslow delivered one of the addresses of welcome. Other addresses were made by Governor Phillips Lee Goldsborough and Mayor James H. Preston. The meeting was most successful.

The corner-stone of the John Hubner Psychiatric Hospital, which Maryland is erecting for the care and treatment of acute cases of insanity, was laid with impressive ceremonies June 25. Dr. J. Clement Clark, class of 1880, superintendent of the Springfield State Hospital for the Insane, presided at the exercises.

A large increase in the number of tuberculosis nurses is under consideration by Health Commissioner Nathan R. Gorter in connection with the reorganization of the department, recommended by the United States Public Health Service. There are now 17 nurses, including the chief of the division. It is stated that the number will be increased to 36 in the near future. The 17 nurses now have nearly 4000 patients under their care. During the month of May more than 7000 visits to homes were made.

Dental Surgeon Richard Grady, U. S. N., B. M. C., class of 1888, has returned to duty at the Naval Academy from Rochester, N. Y., where he attended the meetings of the National Dental Association and National Mouth Hygiene Association.

Dr. Grady was the guest at a dinner given by

the Army dental corps, being the senior dental surgeon in the Government employ, and lunched at the Rochester Chamber of Commerce with members of its Commercial and Industrial Education Committee, telling them of his organizing and directing the first manual training school as part of any school system—the Baltimore Polytechnic Institute. Dr. Grady also responded to the address of welcome to the National Mouth Hygiene Association by President Morgan of the Chamber of Commerce of Rochester, copy of his address being published elsewhere in this issue of the BULLETIN. He was introduced as “father of the national oral hygiene movement.”

In 1899 Dr. Grady was appointed over many competitors dentist to the United States Naval Academy at Annapolis. There have been but two dentists at the Naval Academy since its organization in 1845, Dr. Walton, who resigned, having served since 1856.

Drs. Roland R. Diller, class of 1910, of Detour, Md.; Oakey S. Gribble, class of 1904, of Mill Creek, W. Va.; Carville V. Mace, class of 1897, of Rossville, Md.; A. G. Webster, class of 1911, of Churchville, Md.; J. E. Hair, Jr., class of 1912, of Greenville, S. C., and Walter H. Mayhew, class of 1901, of the State Sanatorium, have been visiting the University within the past month.

Miss Lulu Stepp, class of 1914, is night superintendent of nurses at the hospital.

Prof. Ernest Zueblin of the Latrobe Apartments is spending the summer abroad.

Dr. John Holmes Smith, Jr., class of 1905, assistant surgeon, United States Public Health Service, has temporarily forsaken Ellis Island and has taken the position of surgeon on board one of the Government ships. He will return in the fall in time to take part in patrolling the yacht race course. He was a recent visitor to the University.

Dr. J. Carroll Monmonier, class of 1897, of Catonsville, has returned from a 10 days' trip along the New England coast. He was particularly impressed with the new hospitals in Boston and the appeals for the “safety first” campaign there. He says the entire city is posted with the appeals, and accidents have greatly decreased

since the campaign started. The seating and protection given the street-car conductors and motor-men in Boston and New York also impressed him.

The Health Department of Baltimore, the State Board of Health and Department of Vital Statistics are now located in the old Polytechnic Building on Courtland street, which has been remodeled for their use. The first and second floors are given over to the offices of Health Commissioner Nathan R. Gorter and his assistants. On the third floor are the State Board of Health and the nurses connected with the department of Vital Statistics, and the chemical pure food and dairy supply departments are on the fourth floor. Dr. Gorter plans to formally open the new quarters of his department September 1. The public will be invited to inspect what is expected to be one of the most modern departments of health in the United States.

Miss Nettie Bay of the senior class and Miss Helen McSherry of the intermediate class, who were operated on at the hospital a short time ago, are doing nicely.

The 1909 “Come Back Committee” on Arrangements is as follows: Dr. Harry M. Robinson, chairman, and Drs. Frederick Rankin, J. G. Schweinsberg, R. G. Willse and Frederick Vinup. It is urged that on the receipt of a letter from the committee each member of the class of 1909 will immediately forward an answer, and, if possible, remittance covering cost of banquet and theater. Don't neglect to come back!

Dr. George Walter, class of 1910, of Jacksonville, Fla., is in Baltimore, and expects to spend some time here. He is working with Dr. Gilchrist and his assistants at the University and Johns Hopkins hospitals, and is making very good headway.

Dr. James T. Johnston, B. M. C., class of 1892, of Cumberland, Md., sailed recently for Europe.

The State Lunacy Commission, Dr. A. P. Herring, B. M. C., class of 1896, secretary, has transferred all the insane patients from Montevue Asylum, Frederick county, to the Springfield Hospital, Sykesville. This means that this institution will now be closed, as well as all the

other county institutions. In the future all State insane persons will be cared for by the State hospitals. The next county asylum to be closed will be Sylvan Retreat, Allegany county, from which 100 patients will be taken. This cannot be accomplished until the new buildings at Springfield are completed some time next fall. Cherry Hill, the only other county asylum, in Cecil county, will be closed just as soon as accommodations can be found for them in State hospitals.

To make room for the many patients that will be added to the five State hospitals—Springfield, Spring Grove, Crownsville, Rosewood and the new Eastern Shore Hospital at Cambridge—the State is hurrying in its work of increasing accommodations. A large new building is being erected at Springfield, and the construction of the Eastern Shore Hospital is being rushed. The new institution will be ready for occupancy about November 1. About 200 patients will be entered when the hospital is opened. The cases will be confined to the nine Eastern Shore counties.

Dr. Richard C. Dodson, class of 1911, who is physician to the Atlantic Coast Line Railroad, stationed at Waycross, Ga., has been spending the last few days with us.

Dr. Porter Paisley Vinson, class of 1914, is at the Adirondack Cottage Sanitarium, Trudeau, New York. He is associated with Dr. Frederick Henry Casper Heise, class of 1907.

We take pleasure in publishing herewith a list of the members of the class of 1913, with their addresses, as far as we are able to ascertain:

Samuel Allen Alexander, James Walker Memorial Hospital, Wilmington, N. C.

John Anderson, Jr., Christ Hospital, Jersey City, N. J.

Philip J. Bean, Bayview Hospital, Baltimore, Maryland.

B. Karl Blalock, Norwood, N. C.

Earle G. Breeding, Atlantic Coast Line Hospital, South Rocky Mount, N. C.

J. M. Buch, Sagarra Alta No. 43, Santiago, Cuba.

Humphrey Butler, Brazil, South America.

Francis F. Callahan, Bayview Hospital, Baltimore, Md.

Leo M. Cavanaugh, Cresaptown, Md.

Ross B. Cobb, Wissinoming, Pa. (Philadelphia P. O.)

Franklin Clyde Craven, Ramseur, N. C.

Frederick L. Detrick, Woman's Hospital, Baltimore, Md.

Frederick R. Devine, The City Hospital, Providence, R. I.

George W. Disbrow, Sykesville, Md.

Charles R. Edwards, University of Maryland Hospital, Baltimore, Md.

Vertie E. Edwards, Stokesdale, N. C.

I. H. Fajardo, Santiago, Cuba.

W. F. Gemmill, Laurel, Md.

Harry Goldsmith, 914 Russell street, Baltimore, Md.

Nathaniel Jay Gould, Norfolk, Va.

Leonard Hays, City Hospital, Blackwells Island, New York, N. Y.

Claudius A. Hayworth, Coleridge, N. C.

Jacob Mott Heath, Jr., St. Catherine's Hospital, Brooklyn, N. Y.

Edward F. Heid, 2407 Pennsylvania avenue, Pittsburgh, Pa.

Clyde Hoke Hemphill, Drexel, N. C.

Clarence W. Judd, 4413 Richmond street, Philadelphia, Pa.

Gerard H. Lebet, Stamford Hall, Stamford, Connecticut.

Howard E. Lecates, Trudeau, N. Y.

Herman Harry Levin. (Dead.)

Frederick L. McDaniel, Cordon, Ala.

William T. Martin, Gray Court, S. C.

Franklin D. Murphy, Accokeek, Md.

S. C. Neistadt, 1505 E. Baltimore street, Baltimore, Md.

Elmer Newcomer, University of Maryland, Baltimore, Md.

Norbert C. Nitsch, St. Agnes Hospital, Baltimore, Md.

Walter A. Ostendorf, St. Agnes Hospital, Baltimore, Md.

August N. Pelusio, 533 River street, Paterson, New Jersey.

Charles M. Peters, 103 Palisade avenue, Jersey City, N. J.

Herman M. Perez, Santiago, Cuba.

John W. Poisal, Jr., Maryland Homeopathic Hospital, Baltimore, Md.

Thomas R. Pratt, Jr., El Paso, Tex.

Harry C. Raysor, Bayview Hospital, Baltimore, Md.

William H. Scruggs, Jr., State Sanitarium, Sabillasville, Md.

G. Clyde Shuler, Orleans Cross Roads, W. Va.

William W. Sirak, Montefiore Hospital, Pittsburgh, Pa.

Hamilton J. Slusher, Boissevain, Va.

Manly Coke Smith, Simpsonville, S. C.

Joseph Sparck, St. Catherine's Hospital, Baltimore, Md.

H. Graham Stoneham, Petersburg Hospital, Petersburg, Va.

W. Houston Toulson, Bayview Hospital, Baltimore, Md.

Edgar E. Travers, unknown.

Cleveland D. Whelchel, Gainesville, Ga.

Thomas B. Woods, Chester, S. C.

William O. Wrightson, German Hospital, New York, N. Y.

A change has been made in the administration of the James Lawrence Kernan Hospital for Crippled Children. Dr. Walter S. Niblett, class of 1911, of Hillsdale, Md., who has been resident physician for several years, has been made superintendent of the institution and given entire charge of the business management, including the conduct of the hospital farm. Dr. R. Tunstall Taylor, professor of orthopedic surgery at the University, who has been in active charge of the entire hospital since Mr. Kernan's gift was made, as well as surgeon-in-chief, has been relieved of the duties of business manager.

MARRIAGES

Dr. William Henry Fisher, class of 1905, to Miss Jennie Mae Howser, both of Centerville, Md., at Elkton, July 15, 1914. Immediately following the ceremony the bridal couple motored to Wilmington, where they were guests at the Hotel Dupont. Later they left for the North, where they will spend their honeymoon. They will reside in Centerville, where the groom is practicing his profession.

DEATHS

Dr. John M. Coonan, class of 1861, for two years Health Warden of the Ninth Ward of Baltimore, assistant surgeon of volunteers during the Civil War and for 20 years connected with the medical department of the Army for Indian

Service, died at his home in Baltimore, June 6, 1914, aged 79 years.

Dr. Benjamin H. Todd, class of 1874, died at his home in Ridgewood, Md., April 23, 1914, aged 50 years.

Dr. Samuel Claggett, class of 1898, of Petersburg, Md., died at the University Hospital, July 9, 1914, aged 41 years.

Dr. Claggett was born in Petersburg, January 21, 1873, a son of Samuel and Elizabeth (West) Claggett. He received his education at Mt. Welcome High School, Rockville Academy and St. John's College at Annapolis, and later entered the University of Maryland Medical School, from which he graduated in 1898. Following his graduation he served one year as an interne at the hospital. He was a member of the American Medical Association, Medical and Chirurgical Faculty of Maryland, County Medical Society and the Philomathean Society of St. John's College. He was one of the surgeons of the Baltimore & Ohio Railroad Co. and an active member of the Episcopal Church, and for the last 14 years had been a vestryman of St. Mark's Merryland Tract. He leaves a widow, who is the daughter of Thomas J. Chew of Cloverland, Va., and three small children.

Dr. George Irvin Barwick, class of 1894, formerly of Kennedyville, died at his late home, 1003 Poplar Grove street, Baltimore, from a sudden attack of angina pectoris, July 25, 1914, aged 45 years.

Dr. Barwick was a native of Kent county and a graduate of the Western Maryland College and of the medical department of the University of Maryland. He removed from Kennedyville to Baltimore about four years ago and took up the practice of medicine. For a number of years Dr. Barwick practiced medicine at Kennedyville, had a large clientage and was held in the highest esteem by all who knew him. He was for years actively interested in Democratic politics, and wielded a large influence in the councils of his party. Four years ago he was a candidate for Clerk of the Circuit Court as an independent, and received a substantial vote.

Dr. Barwick is survived by a widow, Mrs. Carrie M. Barwick; a daughter, Miss Elizabeth Barwick; a sister, Mrs. H. F. Jefferson of Chestertown, and his mother, Mrs. Elizabeth Barwick.

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Vol. X

BALTIMORE, MD., SEPTEMBER 15, 1914

No. 7

PARLOUS TIMES IN EUROPE.

By Randolph Winslow, M.D.

I. THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

On July 25 I landed at Southampton, England, and was soon en route to London. We had had a good but rather dreary passage from New York, the skies having been overcast and the temperature unpleasantly cool. We were, therefore, delighted to see the bright sunshine and the green hills and dales of "Merrie England," and the pleasant-looking cottages and farm houses embowered in roses and other beautiful flowers. All bespoke a happy and contented people, dwelling in the lap of peace. The immediate object of my trip was to attend the fifth Clinical Congress of Surgeons, which was to meet in London on July 27. Subsequently, I expected to make a short visit to Paris, Belgium and Holland. Reaching London, we secured accommodations at the Grand Hotel, facing Trafalgar Square, the very center of the life and activity of the metropolis. The afternoon papers were filled with news of the impending war between Austria and Servia, and with conjectures as to the action that various other nations might take. There was no excitement, however, and the streets were thronged with persons pursuing their ordinary avocations. The headquarters of the congress were at the Cecil Hotel, and here the general meetings were held under the presidency of Dr. John B. Murphy. Tickets were here given out for the clinics to be held each day, and it was often difficult to get tickets to the clinics of such luminaries as Sir Arbuthnot Lane, Mr. Freyer and other popular operators. The London hospitals are numerous, but many of them were situated at a long distance,

requiring the expenditure of considerable time to reach them, and none of them had operating-rooms with the capacity of the amphitheater of the University Hospital, consequently only a few spectators could be accommodated at each clinic. The surgeons in charge, however, were very considerate in holding clinics daily, or even twice daily, during the week of the congress. Most of the surgeons whom I saw were very clever operators, and I was particularly struck with their accurate anatomical knowledge. From our viewpoint their aseptic technique appeared very insufficient, but, apparently, they got very good results. A 2 per cent. iodine solution was generally used for sterilizing the skin, and some of them did very little scrubbing of their own hands. Of course, Sir Arbuthnot Lane was the great center of attraction. His remarkable personality and astounding views, associated with a wonderful operative dexterity, rendered his clinic the Mecca to which everyone sought to go. It was by no means easy to secure tickets to his clinics, and I was only able to attend one of them. He says there is no excuse for the existence of practitioners of medicine, and that they ought to go out of business. The only medicine that is required is refined Russian paraffine, taken internally to lubricate the intestines and to facilitate intestinal evacuations. He believes, or at least says he does, that all diseases, except the acute infections, are due to intestinal stasis and auto-intoxication from the intestinal canal, and that the colon is the reservoir in which this infectious matter is stored; hence the colon should be excised. Whether his theories are correct or not, I can testify to the skill with which he performs this operation. He claims that exophthalmic and other forms of goiter are due to intestinal toxemia, and are cured by excising the colon; also rheumatoid arthritis, ulcer of the stom-

ach, indigestion, malnutrition and a host of other ailments. Excise the colon and these terminal conditions disappear. In one case he left stones in the gall-bladder, but removed the colon. He said the stones would do no harm. A woman with a large goiter was shown, whose neck was rigid and fixed. The colon was removed, and her neck was better the next day. A girl with her arms and hands immovable and rigid began to move the fingers the next day after removal of the colon. Whether these are accurate observations or not I do not know, or whether the improvement was due to the operation or to the forcefulness of the surgeon is a question. He says he has never made a statement that did not prove to be true, and that he is either telling the truth or is crazy, and that his auditors are at liberty to take their choice in regard to him. In bone work he is *facile princeps*, though I personally do not accept his views *in toto*. Sir Berkley Moynihan, in discussing the operation of colectomy for intestinal stasis, says that among a mass of dross there is a nugget of gold, and that sometimes most unexpected and remarkable cures are obtained by this procedure. I believe there is a future for the operation in properly-selected cases, but that it is not a cure-all. I believe an epidemic of excisions of the colon will overrun our country, and that we should take measures to limit the spread of the craze. Amongst the striking statements of Mr. Lane are these: "Whatever is universally believed by the medical profession is wrong;" also, "Nature is a muddler and its work needs to be corrected by the surgeon." One afternoon I spent at St. Peter's Hospital, where Mr. Freyer does his work, and I had the opportunity of seeing him perform two suprapubic prostatectomies. He makes a very small incision into the bladder and rapidly enucleates the prostate and then puts in a large drainage tube which completely fills the opening in the bladder. The bladder incision is not sutured at all. He also massages the capsule of the prostate with one finger in the bladder and another in the rectum to lessen the danger of hemorrhage. While Mr. Freyer and his colleague, Mr. Edwards, who also operated on several cases, are expert operators, I did not think their methods were much superior to our own. Apparently they do not practice the perineal method of prostatectomy at all. At the National Hospital for Paralytics and Epileptics I saw Mr. Sargent excise a cervical rib which had pressed on

the nerves of the brachial plexus and had produced blueness, coldness, tingling, pain and paresis of arm and fingers. He had had a number of these cases, and thought the condition more common than was supposed. He also removed a large brain tumor, which was done in two stages. Two days previously he had divided the skull, making a large bone flap and had replaced the bone and sutured the scalp. He now reopened the head and cut the dura and the tumor bulged into the wound. The tumor was enucleated with his finger and handle of scalpel and the cavity filled with gauze and the bone flap and scalp turned down and resutured. After 48 hours the flap is again raised and the gauze removed.

At the Cancer Hospital I saw Mr. Charles Ryal do some very pretty work, hysterectomy for fibroids and for cancer, both done very neatly and expeditiously. Excision of breast for cancer, with extensive undermining of the skin in order to close the wound; excision of one-half of the tongue in which hemorrhage was completely prevented by pushing a pointed forceps into the substance of the tongue and clamping the ranine vessels. On another occasion, at the same hospital, I saw Mr. Miles, who is said to be a very expert operator, do a complete and radical operation for cancer of the uterus. I have no doubt that the procedure was skillfully done. I could see nothing of the operation and the surgeon did not open his mouth to explain anything. I did not even see his face, as it was covered with a mask and he went out of the room as soon as the operation was finished. I had enough and departed. In America surgeons usually try to explain what they are doing and give at least some idea of the nature of the case and what they expect to accomplish. In London, as a rule, the operator makes few or no remarks. Lane is a notable exception to this rule, as he talks and operates with equal ease. As a matter of curiosity I attended a clinic at the New Hospital for Women, and saw Miss Aldridge-Blake operate on several cases. She is a skillful surgeon, and does as good work as any of them. I saw various operations by different surgeons at several hospitals, but do not know that there was anything of very especial interest to note. The operating-rooms are well equipped, but afford room for only a few spectators. Only three or four operations were done at each clinic, and often not so many. The work was interesting, sometimes for what one could learn to do, some-

times for what one could learn not to do. One surgeon, with a Sir prefixed to his name, seemed rather back in his ideas in regard to the pathology and treatment of cancer. He inveighed against excision of gastric ulcers, and said it was a mistaken idea that they lead to cancer. Gastro-enterostomy was the proper treatment. He had removed one breast of a woman for cancer two years previously, then the opposite breast became indurated, and he thought it was chronic mastitis. He excised a piece and had it examined, when it was declared to be cancerous. Three weeks later he excised the breast and axillary glands. This is not according to our ideas of good surgery. Mr. James Berry gave a beautiful demonstration of cases of cleft palate. He first closes the hare-lip, when that is present, and says it very materially tends to contract the gap in the palate, and eighteen months to two years later he closes the cleft by a free raising of the muco-periosteal tissues of the roof of the mouth, with a separation of the soft palate from its attachment to the bony palate. The mobilized flaps are then sutured in the middle line.

The general meetings were held in the splendid hall of the Cecil Hotel, about two stories underground. Addresses were made by American, English and foreign surgeons. Von Eiselsberg came from Vienna and spoke in English, which one could not understand; the French representative, ditto; in fact, the English of the English was very difficult to understand. At one meeting, while Dr. Rodman was speaking, he was interrupted by a wild-looking woman who climbed on a chair and said: "I am a mouse." She attempted to harangue the audience, but could not be heard for the tumult. Rodman sat down until a policeman or other official rushed in and grabbed the woman around the legs and carried her out. Another woman then attempted to speak, but was led out. The exercises were then resumed. About 1200 persons registered at the congress. Of course, most of these were Americans, but there was also a goodly number of English and Continental surgeons in attendance. I think we gained instruction as well as pleasure, but would have done equally as well in the United States. The special party that left New York on June 13 and visited the clinics of Paris, Switzerland, Vienna and Germany had a great time, saw the most famous surgeons and got to England in time to attend the

congress and to avoid any unpleasantness on the Continent.

Dr. Charles H. Mayo of Minnesota was elected president for the ensuing year, but I have not heard where the next meeting will be held.

SOME PROBLEMS IN GENETICS.*†

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Genetics is a branch of biology that embraces generation in all its aspects, and is deservedly attracting a great deal of attention. As physicians, however, we are more taken up with those phases of it that have to do with the propagation of normal human beings and of the abnormal through procreation. Both of these topics fall, directly or indirectly, within the scope of eugenics, a branch of genetics that is especially interesting us at the present time.

The principles of both, as the latter includes the former, were first emphasized by the laborious but illuminating studies of Lamarck (1809), Wallace and Darwin (1859) on evolution; Mendel (1866) and Galton (1897) on heredity, and in this country more recently by Dugdale (1878) and Davenport, Goddard and Rosanoff (1911-12). The data furnished by these men and others of their collaborators on these or collateral lines have served to lay down certain general principles that have been successfully applied in the hybridization of plants and in the cross-breeding of animals. But though for various reasons these principles are not as applicable to human beings as to the lower forms of life, they may properly be utilized as bases for solving problems bearing on the legal regulation of marriage and the propagation of hereditary diseases.

Certainly any reasonable person will admit that marriages concern the community at large, sometimes as much and often more than the contracting parties. Matings of any sort should therefore be amenable to some sort of regulation, whether by moral influences, legal methods, or by arbitrary authority, as in the medical departments of our army and navy. In fact, eugenics has so close a relation to the well-being of society that laboratories are devoted exclusively to its study; an international congress has met to

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†Reprinted from the *Medical Record*.

further its interests, and Legislatures have framed laws to make its teaching effective. There are many illustrations at hand to show its importance, but the history of the notorious "Jukes" family¹, familiar to many of us, gives an instructive picture of the appalling consequences of improper matings. I will merely outline it. Somewhere between the years 1720 and 1740, a hard-drinking backwoodsman of our State, known to us as "Max Jukes," was the first in a family that up to the year 1877, either in direct or collateral lines, by marriage or cohabitation, numbered upward of a thousand individuals. Of these 709 were actually traced in the course of the investigation; 300 or thereabouts were computed to have died prematurely; 50 of the females were common prostitutes; 40 of the women had specific diseases, contaminating 440 persons; 60 were habitual thieves; 7 were murderers, while many others were in various ways burdens on the State. When the inquiry closed, in 1877, it was estimated that the family had cost the State \$1,308,000, or more than a thousand dollars apiece for each of the 1000 persons in whom there had been Max Jukes' blood, besides causing widespread degradation and the physical harm to the community that has been described.

The following history, however, is even more instructive, as it contrasts the results of unfit with fit matings. Back in Revolutionary times a man by the name of Martin Kallikak took advantage of a feeble-minded girl. Of their 480 descendants 143 were feeble-minded, the greater part of the number falling below mediocrity, while none of the remainder had any special ability. Later, Kallikak married a respectable Quaker girl, "of good ancestry," it is said. From this union there were 496 descendants whose histories were traced. All of these but two were normal mentally, and the two exceptions were not feeble-minded. In both the Jukes family and among Kallikak's first set of descendants the breeding seemed to be "true"; that is, the vices or defects of the parent were apparently transmitted to the majority of the offspring, while on the other hand Kallikak's marriage with the Quaker girl, after he had come to look at life from a different angle, was productive of children that were gifted with exceptionally good traits. Other somewhat similar family histories have been published, each teaching the same object-lesson. But even from the recital of the two I

have mentioned, the conclusion is inevitable that such calamities should in some way, if possible, be prevented, for the protection of society.

Let me now turn to another phase of this subject. As physicians, some of us have to face even more widespread results of ill-assorted matings, which, if they do not cause such obvious damages to society as those in the two families alluded to, add greatly to the sum of human misery. As we know, there are many infirmities that may be inherited, such as epilepsy, chorea, deaf-mutism, and various mental disorders. A person afflicted with any one of these who mates with another similarly affected will under certain circumstances transmit them to the offspring, who will in turn hand them down to succeeding generations. In fact, Karl Pearson² has claimed from his study of statistics that 75 per cent. of all deaths are due to inherited diseases. If in the further study of eugenics it can be shown that this percentage is even approximately correct, it ought to arouse physicians, parents, guardians, teachers and friends to their duties, as such, in warning the public that there is always a greater likelihood that these diseases will be transmitted by such marriages than that they will not, certainly if Mendelian principles are correct. These dangers that Pearson has pointed out, we have, however, been in the habit of disregarding. As a matter of fact, we are often and truthfully charged with even greater offenses against human eugenics, as when we bring unfit infants into the world and afterward use our best efforts to keep them in it. And we increase the numbers of the unfit in proportion as our medical knowledge and skill develop. Unfortunately, too, for human eugenics, in so far as we help in the transmission of physical and mental defects, we will continue to offend so long as legal or moral laws prohibit us from doing otherwise. We are not yet arbiters between life and death.

Take an instance of our misconduct against eugenics: Dwarfism is a family disease; that is, in the ordinary course of nature it would become extinct, but is maintained by the intervention of a Cesarean or other life-saving operation. For under ordinary circumstances mother and child would perish simultaneously. The skillful obstetrician, however, steps in; the dwarf mother's life is saved, perhaps, and in addition another dwarf may be born into the world.

At this point let me briefly take up some of

the salient points concerned in the matter of heredity.

First of all, we must realize that heredity, so far as it relates to the transmission of traits in plants and animals, is a matter that is far better understood than is human heredity. Following the line of investigations pursued by Wallace and Darwin, Mendel and others, and which were begun more than half a century ago, natural or haphazard selection for the purposes of propagation in plants and the lower animals gave place long ago to artificial selection, particularly among nurserymen and breeders of horses and cattle. Flowers can now be made to take on new colors, plants new contours and greater vigor; horses by cross-breeding can in a succeeding generation develop increased speed; milch cows can in a similar way be made to generate a progeny that will yield a phenomenal quantity or quality of milk. The marvelous ability shown by our own Burbank in making new species of plants has never, I presume, been excelled, and his work is still being successfully prosecuted. But we humans very rarely have such results. We cannot control the factors. Nowadays we are seldom given the opportunity to select human mates, certainly not in this progressive country.

"Love is the tyrant of the heart; it darkens reason, confronts discretion."

Nor could we, if we would, produce a new species of the genus homo by grafting or any such mechanical means. Having seldom a free hand, and being unable to achieve the results of the nurseryman, because of the limitations of human capacity, human eugenics as applied to our matings has very restricted possibilities.

However, something may be done by us that is eugenetical, for, if we accept the laws of Mendel, we can tell in advance what the expectation will be as to offspring in fit and unfit matings, and to some extent the relative proportion of normal and abnormal under ordinary conditions.

Gregor Johann Mendel was an Austrian monk, and he is credited with having been the first to enunciate the laws of heredity. Versed in physics, mathematics and the natural sciences, he studied the effects of crossing various sorts of edible peas in his monastery garden. Singularly, he appears not to have been known to Darwin, though his work was done between the years 1857 and 1865. He died without having received

recognition for his discoveries, which were not made public until 1900, or 16 years after his death. His laws or principles may be briefly stated in the following general terms:

1. Every organism, from germ-life upward, contains within it an aggregation of characteristics representing the several elemental traits that have been inherited from a previous generation. Each organism is therefore made up, as it were, of a mosaic of molecular elements. Among these are certain dominating characters, called by Mendel *determinants*.

2. On the other hand, there are also organisms of the same species in which this dominant type is either absent or deficient. This sort of organism, according to Mendel, represents a *recessive* type. It is defective in respect to the elements of the dominant type.

3. If a dominant is crossed with another of the same type, the succeeding generation will all be of the same dominant type.

4. But if one of the dominant type is crossed with another of the same species which has but a single recessive characteristic, the result will be that 25 per cent. of the succeeding generation will be of the recessive type, and 75 per cent. of the dominant type, though not in the same degree. In one the grade of dominance will be marked, but it will be less in the other two.

5. Again, if one of a recessive type mates with another of the same type, all of the succeeding generation will be of the recessive type; that is, defective.

These Mendelian doctrines have been tested with reference to the feeble-minded by Goddard, as to the epileptic by Davenport, and as to insanity by Rosanoff. The latter has further elaborated six possibilities with respect to the inheritance of either a neuropathic or normal constitution in the human being, in general accordance with his interpretation of Mendel's laws.^{3 4 5} Thus,

1. If the parents are both neuropathic, all the children will be neuropathic.

2. If one parent is normal, but with a neuropathic taint from one grandparent, and the other parent is neuropathic, half the children will be normal, but capable of transmitting the neuropathic constitution to their progeny, and half will be neuropathic.

3. If one parent is normal and of pure normal ancestry, and the other parent is neuropathic,

all the children will be normal, but capable of transmitting the neuropathic constitution to their progeny.

4. If both parents are normal, but each with the neuropathic taint from one grandparent, one-fourth of the children will be normal and not capable of transmitting the neuropathic constitution to their progeny, one-half will be normal but capable of transmitting the neuropathic constitution, and the remaining one-fourth will be neuropathic.

5. If the parents are both normal, one of pure normal ancestry and the other with the neuropathic taint from one grandparent, all the children will be normal, but half of them will not be capable and half will be capable of transmitting the neuropathic constitution to their progeny.

6. Both parents being normal and of pure normal ancestry, all the children will be normal and not capable of transmitting the neuropathic constitution to their progeny.

The following table, which has been copied from a recently-published study of heredity in insanity, based on 72 family histories,⁵ shows the closeness of correspondence between actual findings and theoretical expectations according to the Mendelian theory:

Types of Mating According to Rosanoff's Six Types	Neuropathic Offspring		Normal Offspring	
	Actual Findings	Theoretical Expectation	Actual Findings	Theoretical Expectation
1	54	64	10	0
2	190	214½	239	214½
3	0	0	45	45
4	107	80½	215	241½
5	0	0	77	77
6	0	0	0	0
Totals.....	351	359	586	578

It will be noted from these tables that there is a remarkable correspondence in figures between the theoretical and actual findings; sufficient to impress the impartial reader that in respect to the neuropathic constitution, at least, transmission from generation to generation is in accordance with the Mendelian laws as here set down.

Rosanoff tells us also that about two-thirds of all the patients admitted to insane asylums have inherited the neuropathic constitution. That the converse is true has been shown in a very striking manner by tracing the descendants of the distinguished theologian, Jonathan Edwards, as given by Walter.

In further confirmation of the application of the Mendelian laws, Rosanoff has tested them by

the records of the Kallikak family already alluded to⁶ and has found in 502 individuals traced there was a lack of correspondence between the theoretical and actual findings in two instances only. The figures cited should therefore be taken as proof that the Mendelian doctrine of heredity has very strong evidence in its favor. To disprove them one would be called upon to show inaccuracies in the tables themselves, or else that analogous ill or good results sometimes follow good or ill matings.

It is a matter of satisfaction that eugenics has taught us how a defective strain can be gradually minimized by selective matings, at least so far as physical and mental traits are concerned, the rapidity of the elimination naturally depending, *ceteris paribus*, on the excess of normal dominating germ material entering into the matings. Burbank, indeed, is very optimistic in this respect. He says that if he could only carry out in the human species the Mendelian principles, more could be done for it in 10 generations than would otherwise be done in a thousand years. The inference, therefore, is justified that the physical and mental traits of offspring can to a certain extent be determined before birth through artificial selection.

Within comparatively recent years we have been able to isolate the infecting agents of tuberculosis, gonorrhea and syphilis. We have also found that the gonococcus has a field of activity which is not limited to the genito-urinary tract, as was formerly taught, but that it may produce a systemic disease of great danger to life. So, too, the *Treponema pallidum* of syphilis remains a powerful agent for the infection in the third stage of the disease. And it seems as if the degree of infectivity in the venereal diseases, as with alcoholics and drug habitues, is proportionate to the morbidity of the one who transmits the disease. Consequently, it is only reasonable that persons wittingly transmitting the venereal diseases should be amenable to the law. More than this, in extreme instances it is for the common good that such persons be debarred from procreation. There can be no doubt that sterilization laws such as those of Washington, California, Connecticut, New Jersey, Nevada, Indiana and New York, if designed to prevent propagation by confirmed criminals, idiots, imbeciles and rapists, indicate progress in the right direction. The validity of such laws has been

tested in the State of Washington, where in September, 1912, a decision as to their constitutionality was handed down by the Supreme Court, the court of last resort in this State for such matters.

However, according to a report in one of our daily papers, the Iowa sterilization law passed by the General Assembly has been declared unconstitutional, null and void, in a decision filed June 24 of this year by Judge Smith McPherson, District Judge of the Southern District of Iowa. The opinion as stated is that "the statute is in violation of the United States Constitution, in that it is in effect a bill of attainder, in that there is to be no indictment or trial; that the statute abridges the privileges and that he is denied equal protection of the laws; that he is denied due process of law; that the statute is in conflict with the Iowa constitution, in that the statute denies the inalienable right to enjoy life, liberty and to pursue and obtain safety and happiness; that there is no jury trial awarded him, and that the statute provides cruel and unusual punishment."

This decision will naturally affect similar laws in other States, and the writ of temporary injunction applied for by the inmate of the State penitentiary enjoining the members of the Board of Parole, the Warden and the penitentiary physician from operating on him was granted.

To what extent these laws have been carried out I have not been able to discover. They certainly have met with great opposition within the ranks of both our own and the legal profession. The question is a medico-legal one. Legislation in this matter, to be effective, must appeal to our intelligent judgment; it must be reasonable in a legal sense.

Many of our State Legislatures have also passed laws regulating marriage. There are such in Ohio, Washington, Connecticut, Minnesota, Kansas, Utah, New Jersey, North Dakota and other States, and the public may be counted on to urge further action in States where there are no such laws.

At present such legislation is to a large extent ineffectual, because the contracting parties can easily cross over into adjoining States, or into Canada. Eventually, however, public opinion, the most powerful deterrent in such matters, will be aroused by the evasion of the law and will make its verdict felt in an unmistakable manner.

Unfit marriages are, as I have already inti-

mated, not only a direct outrage on the offspring, but indirectly a crime against society, when as a result of them the unfit are born into the world. It is not a sufficient reason for neglecting such legislation that the laws made may not adequately protect the community, for the mere fact that some sort of inhibitory legislation is on the statute books will call attention to its importance and the desirability of not infringing it. To make laws in conformity with present knowledge and requirements and then to alter them in the face of new or special conditions, as may be desirable for the public good, is sound legislation.

But we must remember that there should be no over-regulation of marriage. Many will hold with McCready⁷ (*Medical Record*, August 23, 1913) that "many of the individuals to whom we are indebted for whatever is best in art, music, literature and science have sprung from ancestors which by present-day standards would be judged unfit"; and with Groszmann⁸ that "in the worst of families there has been a sprinkling of perfectly normal individuals." These statements should, however, be very carefully weighed.

At all events, there should be no ill-considered, hasty or impractical legislation. The recent Wisconsin law was very probably opposed by medical practitioners of the State because its medical provisions could not be carried out. The charge for the necessary physician's certificate as to the applicant's freedom from venereal diseases was limited by the law to \$3, whereas a full examination for syphilis alone would ordinarily cost \$10, and under some circumstances six times that figure, and even then no physician could affirm with absolute certainty that syphilis was absent. A law requiring such certificates will, as in the Wisconsin case, fail of its purpose. But on the whole this incident may have a salutary lesson, even if it merely calls attention to many of our modern laws which often seem to be made to be broken. Anyone who is familiar with such laws will bear me out when I say that they are very apt to be hastily conceived, badly drawn and often hedged about with so many restrictions that they cannot be enforced.

However, the Supreme Court of Wisconsin has upheld its marriage law by a recent decision. The objections on the part of physicians were met by the extraordinary holding that even if physicians could not prevent unfit marriages, owing to the inadequacy of the allotted fees, they

could at least protect society from the effects of such unions. The legal objections that it established an unconstitutional discrimination by requiring that only men must have a satisfactory record was met by an equally curious holding, that such a classification was permissible.

But notwithstanding such inappropriate legislation, the intention of the court was undoubtedly to make a move in the right direction.

And this statement leads me to say as a corollary that all legislation in medical and sanitary matters should first be passed upon favorably by medical organizations qualified to act with authority in legislation of this sort.

Such appears to have been the course pursued by our representative in Congress, the Hon. Lathrop Brown, in the matter of the bill introduced by him, already referred to. It may be safely predicted that any such bill introduced into Congress will have little support there, at the present time, unless backed by the medical profession, through its representative bodies. Even if by any chance such a bill should pass and become a law, I believe it would prove inoperable without the concurrence of our profession.

Apropos of legislation on this subject, Dr. Charles B. Davenport of the Carnegie Institute of Washington, in charge of the Station for Experimental Evolution at Cold Springs Harbor, L. I., says that most of the so-called eugenic laws are failures.

Holding that the problem of eugenics is only to be solved by gradual processes, he says we are investigating, but as yet know very little of the laws governing heredity and feeble-mindedness. We have, he says, a mass of information, but it is not ready as yet to be put before the public. When that time arrives sensible laws can be passed.

In concluding what I have to say on the transmission of diseases through procreation and the regulation of marriage, I do not pretend that we have all the desirable data at hand to sustain any law of heredity and explain its exceptions. We stand on the threshold of a very difficult task, which will require plenty of intellect and money and special facilities for its elucidation. This much I will say, however: I believe that Mendel's principles or laws of heredity have been established firmly enough to serve as a basis for statutory regulations whose ultimate object will be to prevent certain persons with physical or

mental defects being permitted to bring into the world offspring to deteriorate it and to be a sorrow to themselves.

But this is not all. In the evolution of the ideal man or woman we cannot stop at perfection in physical or mental traits. Eugenics halts at the threshold of life. It goes no further. And yet it is here that the most essential attribute of mankind begins to be formed. This is human character, which develops after birth into what Galton has called "civic worth." It is the result of environment and training from birth up. The infant that is born into the world with a perfect physique and a brilliant intellect will be a defective and may some time or other become a menace to society unless character is acquired. A Plato, an Aristotle or a Washington might be born into the world ideal in mind and body, but he would certainly be more dangerous to society than an ordinary man without the proper development of character. A nation composed of such citizens would have in it the elements of its own destruction. It would die as other nations have done; as Greece did, because the Greeks, with all of their physical beauty and intellectual attainments, lacked an essential—character. *Mens sana in corpore sano* is very desirable, but the ideal citizen should also have what Horace has described as *integer vite scelerisque purus*. Conversely, by superimposing on a physical defective character one of the world's greatest leaders may be developed. We have many examples to prove this. The Apostle Paul was one.

Without being either a psychologist or a neurologist, I will venture to say in conclusion:

1. That while human eugenics is still imperfectly understood, there are certain principles bearing on the transmission of traits by propagation that are tolerably well established.

2. These principles should first of all be popularized, so that the adult portion of society will realize the importance of fit and the dangers of unfit matings. With an aroused public appreciation of these matters, appropriate legislation will sooner or later follow and be made effective.

3. Uniform laws as to the regulation of marriage should be urged in every State, and also laws to prevent the transmission of diseases by diseased persons.

4. While the motto *Salus populi, suprema lex* is true, legislators should only advocate laws that

will accomplish satisfactory results without an unreasonable curtailment of personal liberty.

5. There is urgent need of further researches in the field of eugenics, in order to clear up misapprehensions and so allay criticism as to its civic value. But, as this work would necessarily involve the services of special medical experts, expenditure of large sums of money and unusual facilities, it should be relegated to the States or the General Government, which could provide the men, money and opportunities and accomplish the most at the least expense. Reports from such sources would serve admirably as bases for the framing of appropriate laws, or for the amendment of those that have proved to be unsatisfactory.

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 - ⁴Davenport and Weeks: *Trans. Nervous and Ment. Dis.*, 1911, XXXVIII, 641.
 - ⁵Rosanoff and Orr: *Am. Jour. Insan.*, October, 1911.
 - ⁶Memorial to the House of Representatives, in January, 1914, in advocacy of the bill to restrict immigration, by the Hon. Lathrop Brown of New York.
 - ⁷McCready: *Medical Record*, August 23, 1913.
- 7 East 80th Street.

HEMORRHOIDS: THEIR TREATMENT.*

By J. RAWSON PENNINGTON, M.D., Class of 1887,
Chicago, Ill.

Dr. Pennington states that clinically hemorrhoids should be classified:

- (1) According to their location.
- (2) According to their structure.

According to their structure, they are divided into (a) those containing fluid blood, (b) those containing clotted blood, (c) those containing both fluid and clotted blood, and (d) those consisting of "skin tabs," or folds of skin.

Most hemorrhoidal cases can be operated on under some form of local anesthesia. He oper-

ates on 90 per cent. of his cases by blocking the field of operation. The cocaine is usually employed in the strength of from one-quarter to one-half of 1 per cent.; the quinine and urea in from one-quarter of 1 per cent. to 1 per cent. solution. Sometimes he combines the solutions, the cocaine being used for its immediate effect and the quinine and urea for prolonging the anesthesia.

During the last 20 years he has given a fair trial to a number of methods advocated which promised a reasonably good result, including the ligature, the clamp and cautery, Whitehead, injection, suturing and other methods which unite tissue in mass, and has come very definitely to the conclusion that by far the best way of treating this condition is by the excision or enucleation method.

The operative procedure should have for its object the removal of the cause of the tumefaction. The treatment for each type of hemorrhoid should be practically the same. This should consist in removing an ellipse from the tumor-like formation, and in the case of the thrombotic pile turning out the clot, and in that of the internal variety the varicosity and allowing the blood to escape, and in the fleshy pile of dissecting out the excess of tissue.

Among those from Baltimore who have offered their services to the American Red Cross to go to Serbia and work in the camps and on the battlefields of that country until the European war is over are Drs. C. A. Young and William Brandon, both of the class of 1914, and both of the staff of the Maryland General Hospital. Though graduates of this year, they have had much practical experience, especially in surgical cases. Dr. Young was for three years with the Pennsylvania militia and was on the hospital staff at the camps. He is from Maryland. Dr. Brandon is from North Carolina.

Prof. Randolph Winslow, who sailed for London July 17 to take part in the Clinical Congress of Surgeons, in session from July 23 to August 3, returned to New York on the steamer St. Louis August 23. After visiting London he went to Scotland, and intended to visit the continent, but was unable to do so on account of the war.

*Abstract of paper read before the American Proctologic Society, June 23, 1914.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, SEPTEMBER, 1914.

MORE BACKBONE, LESS WISHBONE.

What is needed at the University of Maryland is more backbone and less wishbone. A wishbone diet is very excellent, but not very nourishing as a constant diet. If wishes were horses, beggars would ride. If wishes would bring a million dollars to the University of Maryland, it would be the richest institution in America, but, unfortunately, wishes never get one anywhere, so the University, if it is to survive, must be fed on a more substantial diet, which, in this case, means self-sacrifice by our authorities and alumni and the occasional aid it may receive from friends. Therefore, we appeal to all alumni who feel able, to contribute something to the endowment fund of the pathological department. Anything will be acceptable. Whilst it grows slowly, still each month sees it advance. By constant hammering it now amounts to somewhat over \$20,000; but this is a mere bagatelle, and to be of real service it must total at least \$100,000. So here's hoping our well-wishers will dig down in their pockets and supply the bacon which will enable us to pass safely through the rapids. Perhaps the University of Maryland has let some opportunities pass by, but this does not spell disaster. To be sure, the institution is not perfect, but great changes have occurred during the past decade, and the school at present is in a period of evolution. It is destined to some day again come

into its own when someone with a firm grip will grasp the opportunity. So do not bewail past opportunities, for

They do me wrong who say I come no more
When once I knock and fail to find you in;
For every day I stand outside your door
And bid you wake and rise to fight and win.
Wail not for precious chances passed away;
Weep not for golden ages on the wane;
Each night I burn the records of the day;
At sunrise every soul is born again.
Laugh like a boy at splendors that have sped,
To vanished joys be blind and deaf and dumb;
My judgments seal the dead past with its dead,
But never bind a moment yet to come.
Though deep in mire, wring not your hands and weep;
I lend my arm to all who say "I can."

MARY E. SULLIVAN, R.N.

Miss Mary E. Sullivan has been appointed superintendent of the University Hospital Training School to fill the vacancy created by the recent resignation of Mrs. Ethel Palmer Clarke.

Miss Sullivan was graduated from the University Training School in 1911, and after serving from January to July, 1912, as "night superintendent" was made assistant superintendent, and since that time has been constantly associated with Mrs. Clarke until the present.

Miss Sullivan is peculiarly well prepared for the new work she has undertaken, and a large measure of success will be hers.

ITEMS

We are in receipt of the following letter:

Dear Doc:

I want to get some information which I suppose you have in your knowledge sack. I do not belong to any State or county medical society, and would find it impossible to join before the time limit within which surgeons are eligible to join the College of Surgeons has expired, so to come directly to the point, would it be possible to be admitted to the College under any such conditions? If I thought that were not an absolute bar I should endeavor to get on the band wagon. Am not familiar with the requisites, so will appreciate a little spiel concerning them, as without doubt you are cognizant of all the details.

Thanks in advance. Next, I believe there is something you wished all readers of the journal to sign so as to change the standard of the literature to a higher postal rank. Have never been able to find the pamphlet again and have felt neglectful about it. Send me a slip if not too late, and will affix my name to it.

Have been extremely anxious to get some details regarding father and Eliza, but have too much confidence in father's acumen to think he is in anything worse than a bothersome plight. He will be a sure-enough warrior by the time he gets a footing on our once dear but now expensive terra firma. Each day I become more convinced that I am a Quaker, both by birth and especially by inclination. A flat-footed fellow has no business in war, anyway. I suppose your belligerent blood is "biling," but as for me, to save my life I can't tell which one of the warring factions I would hate to be fighting against the most.

Recently tried to get a tube of salvarsan in Milwaukee, but heard there was none in city. At that time Chicago was selling it for \$12. Obtained a tube of neo, however, for \$7 from St. Paul. Now it is \$20 a tube in Chicago, I hear. Am curing a double leg condition of seven years' duration, who has been under a great number of physicians' care with the stuff, so hope we will not run out of it for a while. She is absolutely unable to take K. I., so will have to forfeit \$150 if the article cannot be obtained. I was sent for to see about amputating her limbs.

At present my work is slack, but am doing quite a number of tonsil and adenoid operations. Eight days ago had an interesting case of stenosis of colon, due to amputating sigmoid flexure. Gut was gangrenous and patient almost moribund, so simply put in small Murphy button and drained him, expecting him to die. He recovered with ventral hernia and a constricted condition of his colon to be taken into account. So about a week ago opened him again and anastomosed his rectum with the head of the cecum after removing appendix. Put in a colon Murphy button which has a passageway as large as a dollar (silver), or, as the student said about the os uteri, a dollar and a half. It was impossible to cut out the scar and do an end-to-end anastomosis, because the colon came together with considerable tension when I put in the small button in first operation because of the extent of the gangrene. Hernia and patient are both doing splendidly. He is sit-

ting up in chair and having very comfortable evacuations. I never have heard of that particular brand of operation, have you? One other experience with Murphy button since coming here and I am through with my personal narrative. Placed button in duodenum and anastomosed it with pylorus after resecting large duodenal ulcer. Button was passed 104 days later. Needless to say, patient lived. Since coming here have had two operative fatalities—ruptured appendix and gallstone case. Have not found any of my experience under our University of Maryland teachers wasted. Wish I had a chance to get some more. All speeches should terminate with a little joke, so am going to tell you a little story before I close. A Jew was careless enough to let his insurance expire, and the next day his shop burned down. He felt so badly about it that he put his head in his hands and cried out: "I vant to die, I vant to die; kill me, Lord." Just then a piece of a brick fell on his coco. Mr. Jew sprang into the air and cried out: "Please, Mr. Lord, can't you take a choke onct already?" If you see my friend Mose he will appreciate that. Remember me to all. Hope Margaret and the rest of you are well. I am O. K. Was out of bed next day after operation and watching others being operated upon in a week. Hope things are working smoothly with you.

Affectionately,

FITZ.

Dr. and Mrs. Emil Novak are spending some time in the Berkshire Hills and other points in New England. Before returning to Baltimore they will visit Mrs. Novak's mother at Jamaica Plain, Mass.

Mrs. B. M. Sigmon, class of 1914, has been appointed surgical nurse at the York Hospital, York, Pa.

Miss Frances Meredith, class of 1910, is doing substituting in the Infant Milk work.

Miss Stella W. Ricketts, class of 1911, and Miss Lena E. Stouffer, class of 1912, have been appointed substitute nurses in the Public Health work, Tuberculosis Division.

The University is well represented in the Adirondacks. Dr. Frederick Henry Casper Heise,

class of 1907, is superintendent of the Adirondack Cottage Sanitarium at Trudeau; Drs. Howard E. Lecates, class of 1913, and Porter Paisley Vinson, class of 1914, are resident physicians there. Dr. Robert Glenn Allison, class of 1912, who has been at Saranac Lake for the past year, left July 1 to go to Sea View Hospital, New York. Drs. Wilfred R. Claytor and Everett A. (Dusty) Sherrell, class of 1912, are patients at Trudeau. It gives us pleasure to add that Dr. Claytor is much improved and was able to go fishing a few days ago. We trust he will continue to improve.

Dr. T. O. Heatwole attended a reunion of the Old West Rockingham Literary Society at Dale Enterprise, Rockingham county, Virginia, August 20. An interesting feature of the society is that it was organized in a fence corner in 1885. A large American flag was erected in the old fence corner where the first meeting was held 29 years ago.

Mrs. Ethel Palmer Clarke, who recently tendered her resignation as superintendent of the University of Maryland Training School for Nurses, has gone to her home in Richmond, Va., where she will be until September 15. From there she will go to the Teachers' College of Columbia University to follow advanced work in hospital organization and administration. She carries with her our best wishes.

The following letter from the pen of Mr. Pegram, an eminent Confederate soldier, concerning Dr. T. A. Ashby's book on "The Valley Campaigns," appeared in the *Baltimore Sun* of August 13, 1914. We believe it will be of interest to our readers:

"To the Editor of the Sun:

"Sir—To those to whom the stirring events of the old days of the Civil War have yet an interesting charm we would commend the careful reading of Dr. T. A. Ashby's book on "The Valley Campaigns." It is from the pen of a gifted and fluent writer, who portrays in simple language, pregnant with truth, the experiences of one too young to participate in the struggle, but who was keenly alive to the lights and shadows which particularly marked those times which tried men's souls and their bodies as well. While

dealing with things military in a manner showing a lively appreciation of the fearful events transpiring every day, of which he could only learn by contact with participants or from subsequent reports which are now matters of history, one is carried away from them by the charming rendition of facts regarding the home life, with all its trials and vicissitudes, the undaunted courage with which they were borne, the implicit trust in the justness of the cause and the exalted faith in the outcoming of the future which sustained the household.

"One might almost imagine from the simplicity of its diction that the author had begun the work while yet in his boyhood; that it had grown with his growth and strengthened with his strength from day to day until he had arrived at the full state of manhood's comprehension.

"The varied conditions consequent upon the occupation of property adjacent to his old home by the troops of the contending forces, the natural free and easy manners of the "boys in gray" and the scrupulously dignified and polite mien of the gentlemanly officers of "the blue," who very frequently made his home their headquarters, are particularly contrasted, and due credit is given for kindnesses received at the hands of those who from fortuitous circumstance were enemies. But one of the most interesting features of the book is the story of the affectionate loyalty of the slaves of those days which was manifested toward their masters, the intense family pride, and their feeling displayed in their loving acts toward those to whom they owed everything desirable in their servient condition, and the revulsion, approaching actual refusal, evinced by those of the immediate household against the freedom which was theirs by Federal proclamation, is of a character to fill with surprise the untutored minds of those who believe that the slaves of the South, for the greater part, were held in brutal bondage.

"It is absolutely impossible, in a contracted space, to descant upon the attractiveness of this work by Dr. Ashby. It must be read and digested. It is written, as stated, from a boy's standpoint, a peculiar feature never before shown in dealing with the stirring days from 1861 to 1865, and its perusal will add new vistas of thought to the imagination.

"WILLIAM M. PEGRAM.

"Baltimore, August. 10."

We are in receipt of the following circular-letter announcing the tentative plans of the "1909 come-back committee" for the celebration of the fifth anniversary of their graduation. The reunion has our hearty endorsement, and we trust each member of the class of 1909 will be able to attend:

University Hospital,
Corner Lombard and Greene Streets,
Baltimore, Md., August 13, 1914.

Fellow Classmates:

As a member of the class of 1909, medical, of the University of Maryland, you are hereby requested and urged to "come back" to your Alma Mater this, the fifth year after your graduation, for the purpose of swapping handclaps and remembrances.

Do not raise the plea of financial embarrassment; it is probably only an excuse, and the majority of us are most likely in the same boat.

However far away you may be, you must know it will amply repay you to see us altogether again. Some we shall never see again, and before many more years pass, more of us may go; so let's not delay any longer.

At our Sophomore, and again at our Senior banquet, we promised to have a five-year reunion; let's have it.

We believe that ours was really the most representative class the school has had in many years. Athletic, social, mental and moral, our class was always in the forefront. And many of nineteen-nine are doing very good work in medicine.

We trust you are ready to come back; let's show the school there is such a thing as school and class spirit here among us.

We have thought that the date of our reunion might fall on Academic Day (about November 10), and the day following, with the probable program as follows:

First Day—Academic Day exercises, luncheon, theater.

Second Day—Clinics in a class, auto rides around town, banquet.

In order to pay expenses for banquet, etc. (and we promise you a very good banquet), you are hereby requested to let us have at your earliest convenience your check or money order for six (\$6.00) dollars, and in the next few numbers of the University Gazette we will give a list of those

who are coming back. Make check payable to the chairman.

Sincerely hoping you will see your way to "come back," we remain,

H. M. ROBINSON, Chairman;
FRED RANKIN,
GEO. F. BENNETT,
R. G. WILLSE,
J. G. SCHWEINSBERG,
F. H. VINUP.

The following is a list of the class of 1909, with their correct addresses, to date:

Alshires, D. C., Tarboro, N. C.; Mt. Airy, N. C.
Bell, A. M., Bedeque, Can.
Bennett, G. E., 4 E. Madison, Baltimore, Md.
Benson, C. I., Port Deposit, Md.
Blake, W. J., Benwood, W. Va.
Braithwaite, W. W., Christobal, Panama.
Broadwater, N. I., Oakland, Md.
Brogden, M. L., Swansea, S. C.
Brown, Paul, 1825 Pennsylvania Ave.; 818 Edmondson Ave.
Bryer, H. B., Newport, R. I.
Buch Miguel A y Portuondo, Santiago, Cuba.
Campbell, W. S., Albany, Mo.
Cannon, A. E., Clifton, S. C.
Coie, A. J., Holbrass, Mass.
Colline, C. B., Calvert, Md.
Craig, B., El Paso, Tex.
Davis, C. A., Arrington, Nelson Co., Va.
Dowdy, J. E., Winston-Salem, N. C.
Fehsenfeld, A. L., Duval and Garrison Ave.
Gantt, H. B., Millersville, A. A. Co., Md.
Gibson, B. H., 403 E. Bolton St., Savannah, Ga.
Gibson, W. T., Batesburg, S. C.
Gilchrist, T., 1511 Green St., Philadelphia, Pa.
Gillespie, N. M., U. S. P. H. S., Honolulu, Hawaii.
Goodall, E. B., 98 Emerson St., Haverhill, Mass.
Green, M. B., E. side Harford Rd., near White Ave., Hamilton, Md.
De Guzman, J. Y., Soto, Porto Rico, W. I.
Hill, S. W., Regent, N. D.
Hooper, J. W., Wilmington, N. C.
Hughes, J. A., Strong, Pa.
Hundley, P. G., Montross, Va.
Iseman, E., 11 E. Jones St., Savannah, Ga.
James, G. E., Newport, N. J.
Johnson, C. H., 714 Linden St., Camden, N. J.
Kepple, A. D., Hannastown, Pa.

Kettle, W. S., 714 Glesian St., Portland, Ore.
 Kerns, H., Granite Falls, Minn.
 Knowles, R. N., 6 Fifth St., Bangor, Maine.
 Long, E. M., Hamilton, N. C.
 Long, S. H., 1922 E. Baltimore St.
 McElwee, R. S., Statesville, N. C.
 Magraw, J. F., Perryville, Md.
 Martin, W. E., Roslyn, Md.
 Mason, J. S., Whiting Block, Albuquerque, New Mexico.
 Meade, J. W., Fishing Creek, Md.
 Messmore, J. L., Masontown, Pa.
 Moore, C. G., Schuyler, Neb.
 Moorefield, J. L., Guilford College, N. C.
 Neafir, C. A., Blackwells Island, N. Y. C.
 Norman, J. S., Bladenboro, N. C.
 Osborn, J. N. N., Martinsburg, W. Va.
 Panamore, J. B., West Church St., Jacksonville, Florida.
 Patrick, L. N., Gastonia, N. C.
 Patrick, T. A., Fayetteville, Tenn.
 Price, S. J., Queenstown, Md.
 Priest, W. M., Wilmington, Del.
 Putnam, L. J., Shenandoah, Iowa.
 Queen, W. G., Arlington, Md.
 Rankin, F. W., 2124 Maryland Ave.
 Rosse, J. A., Syria.
 Rawls, J. W., Franklin, Va.
 Reaser, B. J., Martins Creek, Pa.
 Ricketts, J. W., Central Ave. and 32d St., Indianapolis, Ind.
 Robertson, J. W., Onancock, Va.
 Robinson, H. M., 2010 Wilkens Ave.
 Roddy, L. H., Cameron, Tex.
 Russel, J. T., Eastport, Md.
 Schweinsberg, J. G., 1120 W. Cross St.
 Shakashire, A., Anffe, Syria.
 Shankwiler, R. A., Detroit Tuberculosis Sanitarium, Detroit, Mich.
 Simpson, F. T., Westminster, S. C.
 Smeltzer, H. W., Greendale, Va.
 Smith, C. C., Lauraville, Md., Harford Rd. and Grindon Lane.
 Stern, I., 531 Cumberland St.
 Stirewalt, N. J., McConnellsville, S. C.
 Strosnider, C. F., Newbern, N. C.
 Swindell, J. L., Black Creek, N. C.
 Thurston, A., Taylorsville, N. C.
 Trull, A. C., Haverhill, Mass.
 Vinup, F. H., 7 N. Carey St.
 Walkup, A. C., McIntosh, Fla.
 Weatherly, J. B., Altamahaw, N. C.

Wedaman, T. H., Pomaria, S. C.
 Williams, L. W., Statesboro, Ga.
 Willse, R. G., 1125 Madison Ave.
 Wright, E. B., 1017 Cathedral St.

The University of Maryland record at the recent State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
4.....	1914	87	80	95	90	86	94	86	98	94	810	90
7.....	1914	67	83	84	92	90	75	77	95	80	743	82
8.....	1914	72	85	77	79	79	79	64	90	77	702	78
9.....	1914	87	81	97	89	87	95	91	100	92	819	91
11.....	1913	69	82	82	88	86	64	67	72	67	677	75
14.....	1914	87	88	88	88	81	89	75	88	82	776	86
15.....	1914	89	84	88	92	85	83	81	83	90	775	86
16.....	1914	92	96	95	93	92	91	80	95	95	829	92
20.....	1914	90	85	99	84	82	89	66	96	82	774	86
21.....	1914	83	85	92	88	93	86	90	94	84	795	88
23.....	1914	80	92	92	95	87	82	87	80	90	785	87
24.....	1914	92	91	96	91	84	100	92	86	95	827	92
27.....	1914	82	79	87	79	79	88	92	75	82	743	82
29.....	1914	90	80	81	77	78	100	91	87	92	776	86
30.....	1911	55	..	..	..	..	65	81	..	71	..	..
37.....	1911	75	..	..	..	..	..	..	..	..	..	..
39.....	1912	75	..	..	..	..	75	75	85	..	..	..
41.....	1914	87	89	90	88	85	84	86	96	81	786	87
42.....	1914	84	84	90	91	87	75	75	73	96	755	84
45.....	1914	73	92	82	91	77	50	53	71	66	655	73
46.....	1914	84	93	85	90	93	82	90	96	95	808	90
47.....	1914	68	91	75	75	79	80	87	79	86	720	80
48.....	1914	79	89	90	89	83	89	88	82	91	780	87
49.....	1914	85	80	85	79	80	81	76	84	75	725	80
50.....	1911	79	80	92	90	82	81	84	90	89	767	85
51.....	1911	90	..	..	..	..	89	82	..	81	..	..
53.....	1914	80	90	88	75	91	80	87	70	82	743	82
54.....	1911	83	..	..	..	..	84	90	..	75	..	..
55.....	1911	83	..	..	..	..	85	90	..	82	..	..
70.....	1914	74	88	90	86	90	72	84	91	86	761	85
71.....	1914	62	88	81	75	84	75	63	70	64	662	72
72.....	1914	71	90	74	76	81	79	80	71	88	710	78
74.....	1914	87	93	99	88	95	87	86	89	95	819	91
76.....	1911	80	..	..	..	..	93	95	..	76	..	..
78.....	1911	85	..	..	..	..	85	88	..	81	..	..
79.....	1914	..	..	..	..	..	Failed to appear.	..	..	..	..	..
80.....	1914	74	92	85	84	84	83	91	96	77	766	85
90.....	1914	74	89	82	93	87	75	79	91	66	726	81
92.....	1914	87	88	84	82	83	78	67	75	76	720	80
95.....	1914	75	88	92	93	77	82	70	79	75	731	81
96.....	1912	68	..	88	66	83	66	..	70	..	..	..
97.....	1912	96	..	..	..	..	100	93	..	91	..	..
99.....	1914	72	91	79	91	87	75	85	89	72	741	82
103.....	1914	..	..	..	..	..	Failed to appear.	..	..	..	..	..
106.....	1914	79	..	..	..	..	75	82	..	84	..	..
111.....	1914	91	..	..	..	..	59	85	..	87	..	..
112.....	1914	90	90	88	81	75	85	78	87	83	757	84
114.....	1914	55	80	65	70	63	50	82	77	42	584	65
116.....	1914	63	75	64	69	75	56	86	76	69	633	70

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination"

are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust this statement will make clear the apparently incomplete examination of certain participants.

Dr. Harry Goldsmith, class of 1913, is located at 914 Russell street, Baltimore, Md. He is engaged in private practice.

Dr. Nathaniel J. Gould, class of 1913, who has been at Norfolk, Va., is reported to be doing laboratory work in the West.

Dr. Leonard Hays, class of 1913, is a resident physician in the City Hospital, Blackwells Island, New York, N. Y.

Dr. William O. Wrightson, class of 1913, is a resident physician in the German Hospital, New York City.

Miss Nellie Elizabeth Curtiss, class of 1911, who is a surgical nurse at the Watts Hospital, Durham, N. C., has been spending a few days in the city. While here she visited her alma mater.

Miss Jessie S. Funk, class of 1914, has been appointed surgical nurse at the DeSota Sanatorium, Jacksonville, Fla.

Dr. George Heller, B. M. C., class of 1897, a member of the Second Branch City Council from the First District, has been spending some time in Atlantic City.

We are in receipt of the following interesting letter from Dr. J. S. Norman, class of 1909, of Bladenboro, N. C., which shows that his heart is in the right place. We trust that other alumni located in North Carolina will respond as liberally:

"Bladenboro, N. C., July 22, 1914.

"Dr. Nathan Winslow,

"Care Hospital Bulletin Co.,

"608 Professional Bldg., Baltimore, Md.:

"Dear Doctor—I am indeed glad that the graduates of the old North State and those of the class of 1909 have been called upon to do something for the cause of education. Please furnish me with a list of the alumni of our alma mater

in North Carolina, and rest assured I will do my utmost to help that boy 'who wants to be a doctor.'

"North Carolina won't be wanting; neither will 1909. Put me down for \$25, and may we help some, like those of us who were helped before.

"Kindly let me hear from you at your earliest convenience.

"Members of 1909, come across and let's be doing. Boys, this will live after we are gone.

"J. S. NORMAN,

"President, 1909."

Appended is a list of our alumni located in North Carolina, with their addresses, as far as we are able to ascertain:

- A. H. McLeod, Aberdeen, class of 1896.
- T. V. Moore, Acme, class of 1901.
- J. N. Anderson, Albemarle, class of 1895.
- D. P. Whitley, Albemarle, class of 1889.
- W. S. Hill, Albemarle, class of 1897.
- J. B. Weatherly, Altamaha, class of 1909.
- C. G. Upchurch, Apex, class of 1906.
- H. G. Utley, Apex, class of 1894.
- W. M. Hollyday, Asheville, class of 1908.
- J. M. Lynch, Asheville, class of 1904.
- C. C. Orr, Asheville, class of 1904.
- E. R. Russell, Asheville, class of 1895.
- M. L. Stevens, Asheville, class of 1891.
- S. B. Dew, Bailey, class of 1885.
- G. C. Battle, Battleboro, class of 1912.
- D. A. Dees, Bayboro, class of 1903.
- H. H. Utley, Benson, class of 1906.
- D. A. Speas, Bethania, class of 1911.
- F. E. Hartsell, Big Lick, class of 1895.
- J. S. Norman, Bladenboro, class of 1909.
- D. R. Bryson, Bryson City, class of 1900.
- T. S. Faucette, Burlington, class of 1892.
- C. W. McPherson, Burlington, class of 1910.
- W. B. Robertson, Burnsville, class of 1898.
- R. N. S. Pyram, Canton, class of 1892.
- J. M. Judd, Cardenas, class of 1897.
- G. McLeod, Carthage, class of 1882.
- J. M. Templeton, Cary, class of 1882.
- T. A. Matthews, Castalia, class of 1890.
- K. G. Averitt, Cedar Creek, class of 1893.
- G. C. Beard, Cedar Creek, class of 1912.
- R. B. Lawson, Chapel Hill, class of 1902.
- J. R. Alexander, Charlotte, class of 1894.
- E. C. Boyette, Charlotte, class of 1893.
- R. S. Cauthen, Charlotte, class of 1902.
- A. J. Crowell, Charlotte, class of 1893.

- S. McK. Crowell, Charlotte, class of 1895.
 J. E. S. Davidson, Charlotte, class of 1894.
 J. McC. DeArmon, Charlotte, class of 1886.
 J. R. Irwin, Charlotte, class of 1877.
 J. P. Matheson, Charlotte, class of 1905.
 C. S. McLaughlin, Charlotte, class of 1896.
 C. H. C. Mills, Charlotte, class of 1897.
 R. W. Petrie, Charlotte, class of 1903.
 C. M. Strong, Charlotte, class of 1888.
 C. E. Walker, Charlotte, class of 1891.
 J. W. Yong, Charlotte, class of 1898.
 B. Withus, Cherryville, class of 1896.
 J. R. Parker, Cisco, class of 1898.
 T. A. Griffin, Clayton, class of 1907.
 F. H. Holmes, Clinton, class of 1895.
 J. D. Kerr, Clinton, class of 1908.
 L. A. Nowell, Colerain, class of 1894.
 C. O. Hayworth, Coleridge, class of 1913.
 J. L. Spruill, Columbia, class of 1895.
 S. E. Buchanan, Concord, class of 1912.
 L. N. Burleyson, Concord, class of 1891.
 D. G. Caldwell, Concord, class of 1885.
 J. S. Lafferty, Concord, class of 1881.
 W. D. Pemberton, Concord, class of 1887.
 J. E. Smoot, Concord, class of 1893.
 J. M. Hodges, Cranberry, class of 1904.
 S. M. Henderson, Croft, class of 1894.
 C. H. Hoover, Crouse, class of 1900.
 C. D. Wyshe, Dabney, class of 1888.
 J. W. MacConnel, Davidson, class of 1907.
 J. E. Hart, Deepcreek, class of 1897.
 R. J. Lovill, Dobson, class of 1910.
 C. H. Hemphill, Drexel, class of 1913.
 M. L. Barefoot, Dunn, class of 1911.
 C. Highsmith, Dunn, class of 1898.
 C. H. Sexton, Dunn, class of 1890.
 A. Cheatham, Durham, class of 1888.
 N. L. Coiner, Durham, class of 1884.
 B. W. Fassett, Durham, class of 1898.
 R. L. Felts, Durham, class of 1898.
 C. S. Hicks, Durham, class of 1904.
 M. N. King, Durham, class of 1898.
 S. D. McPherson, Durham, class of 1903.
 W. W. Olive, Durham, class of 1906.
 R. J. Teague, Durham, class of 1890.
 H. M. S. Cason, Edenton, class of 1899.
 J. H. McMullan, Edenton, class of 1876.
 O. O. Kafer, Edward, class of 1905.
 J. B. Griggs, Elizabeth City, class of 1891.
 W. J. Lumsden, Elizabeth City, class of 1869.
 C. W. Sawyer, Elizabeth City, class of 1885.
 H. D. Walker, Elizabeth City, class of 1902.
 B. F. Barnes, Elm City, class of 1902.
 E. E. Jones, Elm City, class of 1884.
 E. G. Moore, Elm City, class of 1883.
 C. E. Kernodle, Elon College, class of 1911.
 A. S. Harrison, Enfield, class of 1888.
 J. W. Williams, Everetts, class of 1906.
 A. G. Floyd, Fair Bluff, class of 1885.
 J. P. Brown, Fairmont, class of 1883.
 J. Morrill, Falkland, class of 1888.
 D. S. Morrill, Farmville, class of 1897.
 J. D. Cochran, Fayetteville, class of 1912.
 R. B. Hayes, Fayetteville, class of 1906.
 J. V. McGougan, Fayetteville, class of 1893.
 T. M. West, Fayetteville, class of 1908.
 R. B. Henderson, Franklinton, class of 1884.
 J. S. Buffalo, Garner, class of 1900.
 C. E. Adams, Gastonia, class of 1878.
 L. N. Glenn, Gastonia, class of 1897.
 L. N. Patrick, Gastonia, class of 1909.
 F. G. Wilson, Gastonia, class of 1896.
 J. S. Gibson, Gibson, class of 1905.
 E. A. Livingston, Gibson, class of 1912.
 T. M. Bizzell, Goldsboro, class of 1908.
 R. E. Lee, Goldsboro, class of 1896.
 P. J. Paris, Graham, class of 1897.
 C. W. Banner, Greensboro, class of 1899.
 R. E. Dees, Greensboro, class of 1906.
 R. O. Dees, Greensboro, class of 1906.
 J. J. Hilton, Greensboro, class of 1886.
 W. M. Jones, Jr., Greensboro, class of 1903.
 W. P. Knight, Greensboro, class of 1898.
 A. E. Ledbetter, Greensboro, class of 1888.
 C. W. Moseley, Greensboro, class of 1893.
 R. A. Schoonover, Greensboro, class of 1905.
 A. O. Spoon, Greensboro, class of 1908.
 J. P. Turner, Greensboro, class of 1896.
 B. B. Williams, Greensboro, class of 1883.
 T. G. Basnight, Greenville, class of 1904.
 L. C. Skinner, Greenville, class of 1901.
 W. W. Dawson, Grifton, class of 1897.
 W. C. Whitefield, Grifton (R. F. D., 1), class of 1884.
 C. M. Jones, Grimesland, class of 1892.
 G. T. Likes, Grisson, class of 1883.
 V. H. McKnight, Halifax, class of 1910.
 B. J. Long, Hamilton, class of 1881.
 W. C. Terry, Hamlet, class of 1912.
 J. C. Black, Harrisburg, class of 1886.
 J. C. Wilkins, Hawriver, class of 1911.
 E. F. Fenner, Henderson, class of 1905.
 J. L. Egerton, Hendersonville, class of 1877.
 C. Few, Hendersonville, class of 1875.

- T. A. Cox, Hertford, class of 1897.
 R. W. Smith, Hertford, class of 1892.
 O. L. Hollar, Hickory, class of 1892.
 T. C. Blackburn, Hickory, class of 1896.
 W. H. Nickolson, Hickory, class of 1889.
 H. B. Hiatt, High Point, class of 1907.
 W. G. McAnally, High Point, class of 1897.
 H. H. Whitaker, Hilliardston (R. F. D., Nashville), class of 1883.
 M. P. Whichard, Hobgood, class of 1910.
 W. W. Craven, Huntersville, class of 1903.
 E. L. Cox, Jacksonville, class of 1889.
 J. E. Foscue, Jamestown, class of 1901.
 J. R. Gordon, Jamestown, class of 1891.
 K. Thompson, Kapps Mill, class of 1868.
 R. L. Carlton, Kernersville, class of 1906.
 W. C. Linville, Kernersville, class of 1903.
 J. R. Pattison, Kernersville, class of 1902.
 O. G. Falls, Kings Mountain, class of 1881.
 W. F. Hargrove, Kinston, class of 1901.
 A. L. Hyatt, Kinston, class of 1910.
 R. H. Temple, Kinston, class of 1884.
 K. M. Clark, Kittrell, class of 1885.
 J. W. P. Smithwick, La Grange, class of 1895.
 J. E. Mann, Lake Landing, class of 1907.
 E. G. Goodman, Lanvale, class of 1891.
 T. G. Whims, Lasker, class of 1911.
 P. John, Laurinburg, class of 1897.
 P. McLean, Laurinburg, class of 1906.
 G. Ray, Leaksville, class of 1898.
 W. Mitchell, Lewiston, class of 1895.
 E. J. Buchanan, Lexington, class of 1892.
 G. A. Foster, Liberty, class of 1891.
 R. D. Patterson, Liberty, class of 1897.
 G. H. Costner, Lincolnton, class of 1901.
 L. A. Crowell, Lincolnton, class of 1892.
 J. E. Cathell, Linwood, class of 1899.
 W. Alsten, Jr., Littleton, class of 1903.
 B. R. Browning, Littleton, class of 1891.
 E. H. Bobbitt, Louisville, class of 1877.
 J. Knox, Jr., Lumberton, class of 1906.
 R. G. Rozier, Lumberton, class of 1899.
 J. T. Taylor, Madison, class of 1908.
 J. C. Whiteside, Maiden, class of 1877.
 J. F. Jonas, Marion, class of 1903.
 D. R. Perkins, Marshville, class of 1903.
 H. Q. Alexander, Matthews, class of 1888.
 A. Whitley, Matthews, class of 1908.
 A. B. Croom, Maxton, class of 1905.
 B. J. McGoogan, Merry Hill, class of 1912.
 M. Hinnant, Micro, class of 1912.
 W. J. Strickland, Moncure, class of 1890.
 S. A. Stevens, Monroe, class of 1900.
 H. D. Stewart, Monroe, class of 1898.
 A. E. Bell, Mooresville, class of 1897.
 W. E. Headen, Morehead City, class of 1891.
 J. McCampbell, Morganton, class of 1894.
 S. S. Peterson, Morganton, class of 1883.
 D. Thompson, Morven, class of 1901.
 D. C. Absher, Mt. Airy, class of 1909.
 G. B. Morris, Mt. Olive, class of 1910.
 W. C. Steele, Mt. Olive, class of 1891.
 C. F. Strosnider, Mt. Olive, class of 1909.
 J. P. Battle, Nashville, class of 1889.
 J. T. Strickland, Nashville, class of 1890.
 N. M. Gibbs, Newbern, class of 1896.
 R. D. Jones, Newbern, class of 1896.
 J. R. Campbell, Newton, class of 1876.
 W. H. Everhart, Newton, class of 1903.
 G. W. Shipp, Newton, class of 1910.
 J. H. Yount, Newton, class of 1876.
 W. P. Horton, Northwillesboro, class of 1892.
 B. K. Blalock, Norwood, class of 1913.
 T. A. Hathcock, Norwood, class of 1893.
 E. M. Long, Oak City, class of 1909.
 N. McP. Ferebee, Oxford, class of 1871.
 R. E. L. Flippen, Pilotmountain, class of 1892.
 J. L. Hanes, Pine Hall, class of 1902.
 A. W. Pissoway, Plymouth, class of 1905.
 W. H. Ward, Plymouth, class of 1881.
 L. C. Smith, Polkton, class of 1892.
 G. W. Norman, Pomona, class of 1896.
 M. R. Gibson, Raleigh, class of 1905.
 E. B. Howle, Raleigh, class of 1910.
 R. H. Lewis, Raleigh, class of 1871.
 J. R. Lowery, Raleigh, class of 1904.
 J. S. McKee, Raleigh, class of 1907.
 W. S. Rankin, Raleigh, class of 1901.
 H. McK. Tucker, Raleigh, class of 1899.
 J. Whitaker, Raleigh, class of 1900.
 F. C. Craven, Ramseur, class of 1913.
 C. S. Tate, Ramseur, class of 1893.
 H. H. Hodgin, Red Springs, class of 1905.
 B. F. McMillan, Red Springs, class of 1882.
 J. L. McMillan, Red Springs, class of 1881.
 R. D. McMillan, Red Springs, class of 1910.
 J. W. McGehee, Reidsville, class of 1904.
 H. C. Irwin, Roanoke Rapids, class of 1905.
 R. H. Hargrove, Robersonville, class of 1877.
 J. E. Ward, Robersonville, class of 1904.
 A. C. Everitt, Rockingham, class of 1897.
 F. J. Garrett, Rockingham, class of 1889.
 L. D. McPhail, Rockingham, class of 1900.
 R. A. Allgood, Rocky Mount, class of 1912.

- M. R. Braswell, Rocky Mount, class of 1886.
 A. C. McCall, Rocky Mount, class of 1910.
 L. E. McDaniel, Rocky Mount, class of 1911.
 E. B. Quillian, Rocky Mount, class of 1904.
 R. LeR. Savage, Rocky Mount, class of 1897.
 J. T. Shubrick, Rocky Mount, class of 1877.
 R. H. Speight, Jr., Rocky Mount, class of 1901.
 J. P. Whitehead, Rocky Mount, class of 1899.
 G. L. Wimberly, Rocky Mount, class of 1883.
 R. L. Carr, Rose Hill, class of 1907.
 E. H. Adkins, Rosemary, class of 1905.
 E. H. Lyon, Rougemont, class of 1903.
 W. A. Bradsher, Roxboro, class of 1904.
 W. T. Long, Roxboro, class of 1905.
 B. E. Love, Roxboro, class of 1904.
 A. A. Rucker, Rutherfordton, class of 1908.
 J. C. Twitty, Rutherfordton, class of 1892.
 H. G. Heilig, Salisbury, class of 1899.
 J. E. Stokes, Salisbury, class of 1892.
 E. McQ. Salley, Saluda, class of 1905.
 W. A. Monroe, Sanford, class of 1886.
 H. I. Clark, Scotland Neck, class of 1879.
 B. C. Woddell, Scottville, class of 1893.
 W. L. Swindell, Scranton, class of 1908.
 M. R. Stephenson, Seaboard, class of 1881.
 W. F. Mitchell, Shelby, class of 1889.
 J. A. Doshier, South Mills, class of 1903.
 J. G. Busby, Spenser, class of 1904.
 B. T. Bitting, Spray, class of 1895.
 T. McL. Northrup, St. Pauls, class of 1897.
 J. B. Shamburger, Star, class of 1890.
 M. R. Adams, Statesville, class of 1878.
 A. A. Campbell, Statesville, class of 1889.
 E. A. Hall, Statesville, class of 1868.
 W. J. Hill, Statesville, class of 1889.
 H. F. Long, Statesville, class of 1892.
 R. S. McElwee, Statesville, class of 1909.
 V. E. Edwards, Stokesdale, class of 1913.
 E. F. Corbell, Sunbury, class of 1886.
 R. E. Windley, Swanquarter, class of 1903.
 E. S. King, Sweet Home, class of 1889.
 J. M. Baker, Tarboro, class of 1879.
 S. N. Harrell, Tarboro, class of 1897.
 A. Thurston, Taylorsville, class of 1909.
 W. E. Grady, Tryon, class of 1894.
 C. M. Walters, Union Ridge, class of 1908.
 J. H. Bennett, Wadesboro, class of 1894.
 A. McLean, Wagram, class of 1908.
 J. W. Carroll, Wallace, class of 1903.
 P. J. Macon, Warrenton, class of 1883.
 J. M. Williams, Warsaw, class of 1902.
 J. L. Nicholson, Washington, class of 1904.
 W. R. McCain, Waxhaw, class of 1897.
 R. L. Allen, Waynesville, class of 1885.
 B. H. Greenwood, Waynesville, class of 1893.
 B. W. Brooks, West Durham, class of 1905.
 J. C. Braswell, Whitakers, class of 1882.
 R. H. Speight, Whitakers, class of 1870.
 W. H. Crowell, Whiteville, class of 1895.
 L. A. Alexander, Wilmington, class of 1913.
 P. P. Causey, Wilmington, class of 1897.
 R. W. Crawford, Wilmington, class of 1906.
 T. N. Green, Wilmington, class of 1900.
 C. T. Harper, Wilmington, class of 1894.
 J. W. Hooper, Wilmington, class of 1909.
 W. D. McMillan, Wilmington, class of 1869.
 C. T. Nesbitt, Wilmington, class of 1893.
 G. G. Thomas, Wilmington, class of 1871.
 J. C. Wessell, Wilmington, class of 1900.
 J. Collinson, Wilson, class of 1872.
 M. Saliba, Wilson, class of 1897.
 A. F. Williams, Wilson, class of 1901.
 J. B. Nicholls, Windsor, class of 1910.
 J. R. Jerome, Wingate, class of 1890.
 T. M. Chaney, Winston-Salem, class of 1906.
 J. E. Dowdy, Winston-Salem, class of 1909.
 A. D. Edwards, Winston-Salem, class of 1903.
 J. P. Fearington, Winston-Salem, class of 1887.
 F. J. Pate, Winston-Salem, class of 1908.
 O. P. Schaub, Winston-Salem, class of 1898.
 E. H. Spainhour, Winston-Salem, class of 1898.
 B. T. Cox, Winterville, class of 1888.
 W. T. Paul, Wit, class of 1869.

DEATHS

Dr. William Edward Magruder, class of 1854, a member of the Medical and Chirurgical Faculty of Maryland, died at his home in Sandy Spring, Md., July 13, 1913, from cerebral hemorrhage, aged 80 years.

Dr. Thomas B. Owings, class of 1852, the oldest and one of the most prominent physicians of Howard county, Md., died of the infirmities of age at his home, Owings Glen, Ellicott City, August 28, 1914, aged 84 years. Dr. Owings had been an invalid for two years, but he only became critically ill two weeks ago. He is survived by his widow, Mrs. Eleanor Polk Owings, and two children, Mrs. Watson and Dr. Clark Owings of Philadelphia. Dr. Owings was the son of the late Dr. John Hood Owings of Howard county. He was a widely known Democrat and was a close friend of the late Arthur P. Gorman.

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No. 8

NOW

¶ Now, though a small word, is full of significance.

¶ Now of all times is the time of times to send in a subscription to the Pathological Department Endowment Fund.

¶ Now, owing to the raise in the preliminary requirements necessary for admission to the pursuit of a medical education, the old school needs your aid more than ever, as times are sure hard with us "po' folks."

¶ Now, bear in mind "many mickles make a muckle," and a contribution, be it large or small, will help to swell the fund. Do not hesitate to put your name down for what you can give, as it is not the amount but the spirit actuating the giver which gladdens the hearts of the workers.

¶ NOW

"Fall in while the band's a playin',
Ketch the step an' march along—
'Stead o' pessimistic brayin',
Jine the hallelujah song!
Drop your hammer—do some rootin'—
Grab a horn, you cuss, and split
Every echo with yer tootin'—
Jump the roost
An' boost
A bit!"

PARLOUS TIMES IN EUROPE.

By Randolph Winslow, M.D.

2. THE BEGINNING OF THE GREAT WAR.

On the afternoon of July 24 we put into Plymouth harbor, England, to land passengers and mail. A half-dozen large warships were anchored in the harbor, and flashes from a semaphore on a fort were conveying messages to the ships. Soon a gaunt-looking super-dreadnought steamed by us and before long was hull down in the distance. Presently 12 destroyers, wasplike and sinister in appearance, also passed out, but anchored some miles off. I wondered what use all these ships could be put to in these piping times of peace. At 5 o'clock the next morning we were lying in Cherbourg harbor, France, and here also forts and destroyers were in evidence. We here debarked mail and passengers and then again turned toward England. As we entered Southampton harbor more battleships and destroyers were to be seen, and in the distance off Portsmouth there were still more. What was the meaning of this gathering of engines of destruction? We landed and proceeded to London, and the afternoon papers announced the declaration of war by Austria against Serbia; a giant against a pygmy. A sense of disquietude was felt, but no serious apprehension that England would be drawn into the conflict. The next morning we witnessed the change of guard at Buckingham Palace, the residence of King George V. The soldiers in their scarlet and white uniforms, with shakos, made a brilliant appearance. Little did they, or we, imagine that within a week the most stupendous conflict in the history of the world would begin. The scenes on that Sunday morning, however, were those of peace and not of war. We wandered through Hyde Park and saw many interesting sights. Mr. John Bull and wife and family were out in force, strolling over the grass or listening to addresses by groups of peripatetic orators. John usually wore a top hat, cutaway coat and spats; his wife and daughters wore nondescript costumes, not remarkable for beauty. They were, however, good pedestrians, and each group was enjoying itself in its own way. On Sundays it is customary for agitators of one kind or another to go to Hyde Park and address the people. Some of them go in wagons and speak from their con-

veyances; more frequently they go on foot and speak from a table or stand of some kind. The auditors come and go at their pleasure, and frequently interrupt the speakers to ask more or less irrelevant and often exasperating questions. We listened to a group of suffragettes who were in a wagon; they were neither handsome nor venomous. They were probably not militants. Nearby was a much wilder-looking woman, who was not even as handsome as the others, and who was venomous. She breathed dire threats against that poor beast—man. She was accompanied by a poor-looking member of the genus homo, whose whole duty appeared to be that of holding a dilapidated-looking suffragette flag. There appeared to be no limit to the ability of these women to instruct or entertain the people. Another group of speakers were evangelists preaching the gospel, while within earshot a Hindoo was loudly calling upon Christians, Jews, Mahomedans and all other misguided sinners to accept humanitarian deism as a refuge from their sins. I did not learn what humanitarian deism was supposed to be. The Irish question was being discussed by another group. One man said he had already served 15 years in prison, and someone in the audience suggested that it would have been better if he had served 20 years instead. Another speaker was interested in the negro question, and told how hard it was for negroes to get employment in London. A splendid man named Kennedy, a negro, almost starved because he could not secure employment. I was surprised to hear that there was such prejudice in England against negroes, but when the speaker told of the barbarous treatment of negroes in the United States and said they were not even allowed to walk on the sidewalks with white people, he showed himself either an ignoramus or a plain fool.

The English are a sport-loving people who spend their leisure time in the open air; hence the parks were crowded with pedestrians and riders, and the lakes and streams covered with pleasure boats. In this country it is not unusual to see the sign "keep off the grass" posted in the parks, but in England the grass is for the people to walk on and play on, and even to sleep on. The following days the political horizon became more and more cloudy and threatening. Russia warned Austria not to coerce Serbia, and began to mobilize her army. Germany then demanded that Russia cease her mobilization, and inquired of France

what her attitude would be in case of war between Russia and Germany. France replied that she would consult her own interests. On August 1 Germany declared war against Russia and France. At once the question was raised as to what England would do as a member of the triple entente. Public meetings were held at Trafalgar Square, some speakers advocating peace, while others demanded war. There were shouts and singing of the Marseillaise almost the whole night, while in the small hours the tramp of large bodies of troops could be heard. Evidently England was not taken by surprise, and the answer to the question in regard to the presence of so many ships of war at Plymouth and Southampton was manifest. Germany resolved to invade France by passing through Belgium, a country whose integrity and neutrality was guaranteed by the Great Powers, including Germany herself. England promptly protested, and, upon the failure of Germany to heed the protest, war was declared on the night of August 4. The English are not an emotional people, and the tension was shown by the crowds that thronged the streets and surged around the Parliament Houses and war offices and Buckingham Palace in order to get news at first hand, rather than by shouting and other vociferous acts. On August 2 and 3 there were immense crowds of German reservists besieging the German consulate and trying to get passports and transportation home, in order to join their regiments. Probably very few of these were successful in getting out of England, and in a few days most of them were prisoners of war. The English people attributed the war to the ambition of Kaiser Wilhelm, and a red-faced Jehu remarked: "'E's been itching for a fight, and 'e's going to get it now. 'E's going to get a good thrashing." Fortunately for England, her Territorials, which correspond to our National Guards, were out for their annual maneuvers and were already mobilized. The Regular Army was immediately sent abroad and the Territorials took their places in the garrisons. So secretly were the troops transported that no notice of their movements appeared in the papers, nor was there the slightest mention of the disposition of the fleet, though it was known that it had been assigned to active duty. Lord Kitchener was appointed Minister of War and at once called for 100,000 volunteers; and I can personally testify to the alacrity with which the call was responded to, as I saw the long lines of men in both London and Liver-

pool waiting for hours to enlist. Early in the first week of August Americans who had been on the Continent when war broke out began to tumble back into London, often without baggage, and in some cases without money. The Haymarket and Pall Mall were filled with anxious fellow-citizens trying to obtain funds and transportation home. August 3 was a regular bank holiday, and the Government declared a moratorium of three more days, during which it was almost impossible to get money. The American Express Company would cash their own cheques to the amount of \$40, of which only \$15 would be gold and the rest in Bank of England five-pound notes. Brown, Shipley & Co. also honored letters of credit on them to a limited amount and gave only a modicum of gold. Tradesmen and hotels were very averse to receive travelers' cheques or bank notes in settlement of indebtedness, and demanded coin. This financial strain caused more anxiety among the thousands of Americans than any apprehension of danger from the war. The Government assumed control of the railroads for military purposes, and there was the added uncertainty in regard to railroad travel, which caused visitors to stick close to London. Steamships were taken over by the authorities for transports or as auxiliary cruisers, and, of course, the German ships at once sought refuge in neutral harbors or remained at their home ports in order to escape capture. England closed her ports on the channel, and traffic was diverted to Liverpool and Glasgow. London was not a pleasant place of sojourn. The National Gallery and Palaces were closed to the public on account of militant suffragettes, and even the British Museum was rendered difficult of access for the same reason. During the first days of the war the newspapers issued a perfect flood of extras with most startling headlines, giving accounts of great battles in which the Belgians had repulsed the Germans with dreadful slaughter. The invasion of Alsace-Lorraine by the French was announced and sanguinary conflicts detailed, with 30,000 Germans lost and 15,000 Frenchmen. We now know that these were comparatively small affairs without great losses on either side. The Belgians undoubtedly checked the German advance and gave time for the French and British armies to reach the field. In comparison with the Continental powers, the British army is small, and in the event of war reliance must be placed on volunteers, and as a final resort on conscription. A

royal proclamation was issued immediately calling for the mobilization of the different units of the army and for volunteers. In a few days the organized forces were to be seen assembling in all parts of the kingdom, and recruiting was going on actively. It takes time, however, to make efficient soldiers out of raw and partly-trained material, and doubtless only a comparatively few trained men have been sent to France up to the present time. From Canada, Australia, India, South Africa and New Zealand came offers of men, ships and money, but all these great self-governing dependencies are at a great distance from the seat of war, and only now are their contingents beginning to arrive. With the advent of war the Irish controversy ceased for the time, and even the militant suffragettes discontinued their annoyances. India and South Africa have not revolted, and the British Empire is united for the national defense. From the British point of view the present struggle is for the preservation of the empire. If the Germans succeed in crushing the allies, Great Britain will become a minor power and Germany will dominate the world. Germany is also fighting for her life. If the allies win, she will be crushed and probably dismembered. This is the most dreadful war in the history of the world. It is Armageddon.

DILATATION OF AN OTHERWISE IMPASSABLE STRICTURE BY THE RETROGRADE PASSAGE OF A FILIFORM GUIDE.*

By A. J. UNDERHILL, M.D.,
Baltimore.

The procedure herein described was used on a patient on whom it was impossible to do a more radical operation under general anesthesia because of his general physical condition. He was referred to me by Dr. Brent, who was called in an emergency to relieve a complete retention of urine, which came on during convalescence from a severe attack of pneumonia complicated by a bad heart lesion. The right lung was still consolidated.

The patient had a stricture of the urethra at the bulbomembranous junction which had

troubled him at intervals for the past 15 years, and finally at the time I saw him had resulted in complete retention of urine. After an unsuccessful attempt to pass a catheter or a filiform bougie it was necessary to aspirate his bladder. Morphine hypodermatically, warm sitz baths and other measures were used to enable him to pass his urine voluntarily, but without success. A second attempt to pass a filiform the next morning and a third one a few days later also proving unsuccessful, the patient finally consented to enter a hospital. His family physician had been relieving him by aspirating his bladder in the meantime.

The patient entered the University Hospital December 20, 1913; a suprapubic opening was made in the bladder under local novocaine anesthesia, and a drainage tube inserted. On the second day following the operation he had an attack of nausea and vomiting which lasted almost without intermission for three days. Temperature during this period ranged around 97°; pulse 100. Intravenous phenolsulphonephthalein test at the time (done by passing a small soft rubber catheter through the drainage tube and withdrawing the urine with a syringe after first washing out the bladder) gave 18 per cent. in the first half hour; time of appearance, 10 minutes. An examination of the blood for the urea content showed g. m. 1.25 to 1000 c. cm., demonstrating that the above attack was probably uremic in origin. As a perineal operation under these conditions was inadvisable, I adopted the following procedure:

A metal catheter was cut off below the eyelet and the shaft shortened until the instrument, including the curve, was 18 c. cm. in length; the curve remaining was straightened to about 160 degrees. A filiform guide was obtained which at one end had a male thread cut to the same dimensions as the thread on the end of my Le Fort followers. This thread fitted, of course, the female threads in the ends of the filiform guides which were adapted to the followers.

The patient was placed on the table, the drainage tube removed from the bladder, and the metal catheter, altered as above described, passed into the opening left by the removal of the tube. A Nitze observation cystoscope was inserted in the same opening between the catheter and the umbilicus, and while an assistant kept the bladder distended with a continuous stream of sterile

*Reprinted from *Surgery, Gynecology and Obstetrics*.

water through a nozzle placed at the suprapubic opening, the interior of the bladder could be examined with ease through the cystoscope and the urethral orifice to the bladder located. Holding the cystoscope by the fingers of the left hand, the end of the catheter was placed at this opening; both instruments were then grasped in the same hand and the two filiform guides, joined end to end, were threaded through the altered catheter, thus used both as a director and as a means of preventing the kinking of the flexible guides. The two instruments joined as described were pushed into the prostatic urethra and through the opening of the stricture with but little resistance until the small end of the first guide appeared at the meatus. This was grasped and drawn through, pulling the second one with it. When the joined ends of the two guides appeared at the meatus the first one was detached, replaced by a No. 12 Le Fort follower, which in turn was passed back through the stricture. This guide was then tied in the urethra for 48 hours, until after a subsequent dilatation with a larger follower when it was removed. Dilatation was then continued at intervals, as is usual in such cases, until the normal caliber of the urethra was restored.

The anterior aspect of these strictures is often mutilated and distorted by previous attempts to pass instruments, with the result that the passage of filiforms by the ordinary route is rendered impossible because of tags, false passages, blood-clots, etc., which destroy the more or less funnel-shaped orifice to the strictured canal. The cul-de-sac formed by the bulb, if not completely obliterated by the scar tissue, adds to the difficulty of entering a filiform at this point. The instrument in its retrograde passage in the case described followed a virgin route and passed without difficulty, the posterior entrance to the stricture probably forming a funnel which guided the instrument into the narrowed lumen of the urethra.

While an external urethrotomy under ordinary circumstances is the more desirable operation in dealing with impassable strictures in this region, the above method may be a good substitute in instances where the patient's condition will not admit of a general anesthesia with the sometimes long and tedious manipulations required in doing this operation without the aid of a guide.

THE CAUSES OF INSANITY.*†

By H. WALTON WOOD, M.D.,
New Bedford, Mass.

It is not the intention of this paper to deal with those cases of mental defects congenital in origin, and represented by idiots, imbeciles, or those dependent upon mechanical factors, such as gross traumata, cerebral hemorrhage with consequent softening and brain tumors, but to discuss the causes of those cases which develop their psychosis later in life and after an apparently normal period of development.

Insanity dates back as far as recorded time, and ample records are to be found in the oldest books of both the Eastern and Western worlds of abnormal mental phenomena. In the Old Testament we read of Saul's periods of depression casued by the "evil spirit of the Lord being upon him." Nebuchadnezzar believed himself changed into an ox and "did eat grass and his body was wet with the dew of Heaven until his hair grew like the feathers of the eagles and his nails like birds' claws." Ajax was tortured by the Furies until he fell upon his own sword. And Ulysses simulated madness to justify his absence from the Trojan war. Thus we see insanity in itself did not differ greatly in its symptoms from ancient times until the present, and it is an easy matter to follow it through the ages, through the period of religion and mysticism, when those afflicted were either supposed to be possessed of the devil or inspired of the Deity. Angels gave warnings and revelations by dreams, by mental impressions, and even fought for men against the under-world.

Mental disturbances were, therefore, considered as the manifestation of some spiritual being, god or demon, who either actively inhabited the body of his victim or who merely played upon him from without. If the symptoms were in harmony with the religious views of the time, it was concluded that the inhabiting spirit was benign in character, and the individual was revered as an exceptionally holy person. If, however, the individual's conduct conflicted with the dominating ethical code, his treatment consisted in punishment to drive out the devil. About 460 B.C. Hippocrates laid down the principle that the

*Read before the Fall River Medical Society, March 25, 1914.

†Reprinted from the *Boston Medical and Surgical Journal*.

brain was the organ of mind, and that insanity was the result of some disturbance of that organ. This theory was not destined to be successfully applied at that period, and during the intellectual stagnation of the Dark Ages the causes of insanity reverted back to the demonological conception.

It is not surprising from the very obscurity of the mental function itself that various hypotheses were brought forth to explain the mysteries of disordered minds, and we find these attempted explanations in harmony with the general thought and knowledge of the period. For many centuries, down to the beginning of the seventeenth century, mystery, religion and things pertaining to these were considered the predominating causes of insanity. The science that touched the popular imagination in the seventeenth century was astronomy, and to quote from Wilkins' works, according to a couplet of that time:

"God gave man an upright face
That he might view the stars and study astronomy."

From this time we enter into a period of the mystical doctrine of the dominance of the planets over plants, minerals and diseases. Hakewell at this time described insanity as an affection caused by the influence of the moon, hence the name "lunatic."

During these changes in opinion, however, regarding the causes of insanity, religion and superstitious belief in possession by spirits still held front rank as the primary cause. In 1637 Jane Hawkins, the Boston midwife and dispenser of quackery, oil of mandrakes, was diligently examined on suspicion of familiarity with the devil. It is interesting to note that as early as that period people were diligently examined regarding their sanity. Eight years later a man from Virginia, reported to have skill in necromancy, was blown up in Boston harbor, and, strange to say, it was accounted a marvel that he could never afterwards be found. Yet more diabolical was it that men of fiery shapes, or fire in the shapes of men, walked the water near where the ship had exploded. These are examples of the extent to which people of that time went to prove their belief in the spiritual element of insanity.

Witchcraft was apparently a side issue of in-

sanity; it was not absolutely essential for a person to show symptoms of a deranged mind, indeed some of the more active minds were suspected of being witches and treated accordingly. It is probable that witchcraft was derived from the religion of German mythology. In 1656 the wife of one of the magistrates was hanged for a witch only for "having more wit than her neighbors." In the settlements along the Connecticut devils were particularly active, and in some instances the ordeal of swimming the witch to see if she could float were resorted to. Martin Luther inherited the traditions of the humble class from which he sprang, and set the first Protestant example of extreme faith in witchcraft, berating the medical men who attempted to trace mental diseases to other causes, most of which he himself attributed to the devil. He advised that afflicted children should be cast into the river, and complained afterward that he was not obeyed. The infinitely delicate shadings by which mental sanity passes without any line of demarcation into insanity could not then be imagined, consequently a belief in demoniacal possession was inevitable. These things had the sanction of the Ages, of religion, and of science itself. More modern conjectures on the causes of insanity have followed closely the transit of civilization, and with the increasing intellect of the nations we find the superstitions and opinions of the ancients rapidly giving way to the advance of scientific investigation.

Very little progress was made in the study of insanity until the latter part of the eighteenth century. About this time mind was believed to be the product of the brain, and diseased minds were considered as a pathological process of the brain, as pneumonia is of the lung. This was the period of the physiological conception, and while it did not accomplish all that it sought in an endeavor to explain the causes of insanity, it did stimulate research and intelligent investigation which later gave birth to psychiatry—and the scientific study of mental diseases. During the nineteenth century rapid progress was made in the anatomical and physiological study of the brain and in the humanitarian treatment of insanity. Mental diseases were placed upon a medical basis, and the patients were treated as sick people instead of transgressors of the religious laws. During this period cerebral localization was demonstrated, and for a long time this was believed to

be the key to the solution of insanity. Up to well within the nineteenth century no attempt had been made at classification, and even now we have various classifications, none of which is entirely satisfactory, but they mark a tremendous step in progress. With the differentiation of the various forms of mental diseases we must refer to them as "the insanities," for we can no longer consider insanity as a disease entity. At the present time the classical causes of insanity are usually divided into the extrinsic or external causes, which embrace heredity, alcohol, syphilis, stress of life and environment. Under the intrinsic or psychogenetic causes we may mention anxiety, fright, defect, educational and constitutional inferiority as those most frequently mentioned. These causes are in keeping with the times and, just as we found in the insanity of the ancients, are in harmony with the general thought and knowledge of the period of today.

Heredity is still a most important element among the causes of insanity. It may be selective, in that the patient develops the same form of mental disturbance as the progenitor, or it may be general in that he inherits the psychopathic tendency. Mendel has pointed out some very interesting laws of heredity based upon his observations on crossing the pollen of flowers and thereby bringing out the characteristic dominant or recessive elements. In regard to mankind, the chief lesson we may learn from these investigations is the very great importance of hereditary transmission—characteristics good or bad that disappear in one generation may simply be recessive, and in the course of successive intermarriages may again come to the surface in accordance with the Mendelian law. The many attempts to verify this law in breeding have shown that it expresses probably a great truth, although the application of it to the practical purposes of breeding is beset with many complications. Thus it can be seen that one defective in a family may not be the direct cause of defectiveness in the immediate progeny, but this defect may remain recessive until its victim is mated with another recessive of the same characteristics, whether of the same strain or not. It is not probable, however, that mental disease is directly transmitted to the offspring except in those cases in which well-marked mental deficiency is present in both parents. Then the children will be congenitally defective, as represented by the feeble-minded,

idiots and imbeciles. This, however, may also occur when one parent is defective. In this case it is probably due to the blending of a recessive element which is atavistic in nature. This transmissible defect is more evident in the conveyance of an inherent susceptibility to a psychosis—which marks the psychopath.

The nature of the inherent susceptibility is difficult, almost impossible at the present day, to explain. In this respect the heredity of mental disease is analogous to the heredity of tuberculosis, in that the disease itself is not transmissible, but only the nidus, or a "place to put it." Furthermore, it seems reasonable to suppose that our knowledge of the large number of psychoses that make their existence manifest at the time of the greatest bio-chemical changes of life—during adolescence, and at the involutional period—that this inherent susceptibility may be bio-chemical in nature.

Rosanoff has arrived at the following conclusions based upon a large and close study of the Mendelian theory. The neuropathic constitution is transmitted from generation to generation as a trait which is in the Mendelian sense recessive to the normal. His deductions are as follows:

1. Both parents being neuropathic, all children will be neuropathic.

2. One parent being normal, but with the neuropathic trait from one grandparent, and the other parent being neuropathic, half the children will be neuropathic and half will be normal, but capable of transmitting the neuropathic make-up to the progeny.

3. One parent being normal and of pure normal ancestry and the other parent being neuropathic, all the children will be normal, but capable of transmitting the neuropathic make-up to their children.

4. Both parents being normal, but each with a neuropathic taint from one grandparent, one-fourth of the children will be normal and not capable of transmitting the neuropathic make-up to their progeny, one half will be normal, but capable of transmitting the neuropathic make-up, and the remaining one-fourth will be neuropathic.

5. Both parents being normal, one of pure normal ancestry and the other with the neuropathic taint from one grandparent, all the children will be normal. Half of them will be capable and half of them incapable of transmitting the neuropathic make-up.

6. Both parents being normal and of pure normal ancestry, all the children will be normal and not capable of transmitting the neuropathic make-up to their progeny.

In some classes of cases this psychopathic tendency may be manifest before the onset of a well-defined psychosis. Hoch has pointed out in the dementia precox cases, the so-called "shut-in personality," which he describes as "Persons who do not have a natural tendency to be open and to get into contact with the environment; who are hard to influence, often sensitive and stubborn, but the latter more in a passive than in an active way. They show little interest in what goes on, often do not participate in the pleasures, cares and pursuits of those about them. Although often sensitive, they do not let others know what their conflicts are. They do not unburden their minds, are shy, and have a tendency to live in a world of fancies."

Heredity plays its most important part in such diseases as dementia precox and the maniacal depressive group, and probably has no part in the causation of general paralysis, except it be the transmission of the inherent susceptibility, which is precipitated by a syphilitic infection. For we know now general paralysis to be a true syphilitic infection attacking the brain and thereby causing a destruction of the nerve elements with a consequent showing of mental symptoms. Of all the number of syphilitics, only about 5 per cent. show affections of the central nervous system, so there must be some cause for this selection in such a small number outside of the syphilitic infection itself.

This susceptibility to mental disease undoubtedly does not remain at a constant level and is probably influenced by the general condition of the patient or by any condition which lowers the general vitality, such as alcohol, environment, stress of life, etc. All the psychogenetic causes of insanity may possibly be grouped more as symptoms than causes of insanity. The normal mind should be able to handle the problems of worry, anxiety, etc., without disintegration, for it is a well-known fact that no mind works to its full capacity and always has a wide margin of safety which should be capable under normal circumstances to take care of extra load and stress. One may have all the so-called causes of insanity except the susceptibility and yet not develop a psychosis; or a psychosis may develop in those

most protected from these causes; therefore it does not seem unreasonable to assume another and more potent cause for the true psychosis, namely, an inherent susceptibility, probably biochemical in nature.

Havana, August 4, 1914.

Prof. Randolph Winslow, M.D., Baltimore, Md.:

Dear Professor—Due to my hasty departure from Baltimore, it was impossible for me to bid you good-by. I ask you to excuse me. I have already taken the State Board examinations, which I passed. They were very fair, being divided into an oral examination, a clinical case, an operation on the cadaver and a written thesis, all lasting three days. The oral examination comprises most of the branches of medicine, and lasts two hours. The clinical case which was given to me I diagnosed as a mitral insufficiency on the medical side and indirect inguinal hernia and urinary fistula of traumatic origin on the surgical side. I also was asked to discuss the treatment of the conditions. The operation on the cadaver is selected by luck from 72 ballots. The one I picked was "location and trephining over the Rolandic fissure." The written thesis is also selected by luck, the one which I picked being "general discussion of pleuritic effusion, with special reference to the so-called idiopathic cases." Five hours are allowed to write it, with no help. You are also supposed to answer any question on the subject the examining board wishes.

The thesis was a very good one for discussion, and I tried to put down all that I could remember of Professor Wilson's lectures on the subject, which pleased the board very much.

I was happy to be warmly congratulated by the board in public (examinations are held public), which honor is reflected directly upon the University.

I have had the opportunity to talk with some of the teachers here, and the standing of the University of Maryland could be no better.

I have been admitted to the City Hospital as an externe, where I am doing mostly surgical work.

I expect to stay here until the next meeting of the Florida State Board, where I probably will practice. With best wishes and respect,

I remain yours,

Address: J. R. ECHEVERRIA, '14.
Calzada del Cerro 444 (Antiguo),
Havana, Cuba.

THE HOSPITAL BULLETIN

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, OCTOBER, 1914.

"Shiver and Quiver, Little Tree,
Silver and Gold Throw Down Over Me."

For yea, these many moons, a persistent effort has been made to increase the Endowment Fund of the University of Maryland. Some progress has been made, but not a great deal when one takes into consideration the efforts expended. There must be some reason for this lack of sympathy on the part of the public and our alumni. Therefore, it behooves us to quietly sit down and try to seek the reasons thwarting our efforts. At the very beginning of our inspection the thought arises, can it be owing to the peculiar form of organization under which our institution labors? From the many criticisms heard on every side covering the quasi proprietary character of the University of Maryland, one is compelled to the belief that this in itself is the chief, if not the only, millstone around our necks which creates in the public mind a hesitancy about giving of their means. Therefore, gentlemen of the Board of Regents, why not with one fell swoop do away with this drawback that prevents the little tree from shivering and quivering and showering down gold and silver, by the selection of a Board of Regents absolutely independent of the teaching faculties? The answer will be that this suggestion is more easily made than accomplished. Your contention is granted, but this calls forth the retort, has any effort ever been made, at any rate within recent years, to get a Board of Regents

composed of representative men? Until this happy event is brought about we can holler all we want "shiver and quiver, little tree, silver and gold throw down over me," but our appeal will fall on deaf ears.

A NORTH CAROLINA SCHOLARSHIP NEEDED.

On several occasions we have called attention to the urgent need of a scholarship for worthy students from North Carolina. There are at this time several applications from students from North Carolina asking for scholarships to enable them to continue their medical course. Dr. J. S. Norman, class of 1909, writes to put him down for \$25, and says: "I will do my utmost to help the boy 'who wants to be a doctor.'"

We have a large, influential and prosperous alumni in this State. A small sum from each alumnus would easily raise a fund for this purpose, and would help the cause of medical education in the State, as well as advance the efficiency of the University. Will not someone take this matter up?

THE PATHOLOGICAL ENDOWMENT FUND.

Owing to absence and other unfavorable circumstances, no effort has been made to increase this fund during the past summer. The need for the endowment is none the less urgent, however; in fact, it becomes progressively greater. The increase in preliminary requirements has debarred many young men from entering medical schools this session, and in consequence our freshman class will be very small. An endowment, therefore, would be of great assistance. For the few contributions that have drifted in we desire to express our thanks; and we ask our alumni to continue to bear us in mind.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	91 84
1873.....	516 83
1874.....	5 00
1875.....	5 00

1876.....	120 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00
1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00
1899.....	120 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	250 00
1907.....	120 00
1908.....	125 00
1909.....	65 00
1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	29 85

Total to October 1, 1914.....\$10,925 02

NEW SUBSCRIPTION IN SEPTEMBER.

Dr. H. McKee Tucker, 1899.....	15 00
Faculty of Physic Fund to October 1..	\$20,738 63

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we

take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, \$25.
 Dr. Nathan Winslow, \$10.
 Dr. D. W. Cathell, \$10.
 Dr. Eugene Kerr, \$10.
 Dr. Randolph Winslow, \$10.
 Mrs. Randolph Winslow, \$5.
 Dr. Hiram Woods, \$10.
 Dr. J. W. Holland, \$10.
 Dr. J. Mason Hundley, \$10.
 Mrs. Nathan Winslow, \$1.
 Dr. Joseph E. Gichner, \$1.
 Dr. Ernest Zueblin, \$5.
 Dr. Edgar G. Ballenger, \$10.
 Dr. Louis W. Armstrong, \$5.
 Thomas & Thompson Company, \$10.
 Dr. Wilmer Brinton, \$5.
 Dr. B. F. Tefft, Jr., \$5.
 Dr. J. Sterling Geatty, \$2.
 Henry P. Hynson, Phar. D., \$10.
 Dr. C. W. McElfresh, \$3.
 Dr. A. H. Carroll, \$5.
 Mr. W. A. Shaw, \$5.
 Dr. A. W. Valentine, \$3.00.
 Dr. S. Demarco, \$1.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ABSTRACTS

Abstract of paper read at the Minneapolis meeting of American Medical Association, June 17 to 21, on "The Results of Tonsillectomy Under Local Anesthesia," by Bryan De Forest Sheedy, M.D., of New York.

All of the 100 cases reported upon by the reader of the paper were examined several months after operation, and no patient under 14 years of age was operated upon under local anesthesia. There was no grouping of the patients examined as to whether the throat conditions were the result of operation under local or general anesthesia. The enucleation of the tonsils had been performed by some one of the many methods in vogue for the last few years for the complete removal of the gland, and as the operations were performed in practically all the public

institutions in New York city, many men of prominence in laryngology were the operators, so that the results could not be attributed to poor technique on the part of one man.

The writer arrived at the conclusion that tonsillectomy, so far as removing pathological tonsils is concerned, is a better operation than the old-time tonsillotomy, but pointed out that many of the throat defects following the operation of enucleation are due to clumsy and non-surgical technique.

The writer also pointed out the normal relation of the surrounding parts to the tonsil, and put up a strong argument against the use of sharp instruments for the dissection of the tonsil from its bed, that being the cause of injury to the muscles, with resulting deformities.

Of the 100 cases examined months after operation, more than 80 per cent. of the patients had deformed throats. The 20 per cent. of patients, with what appeared to be normal throats following the operation, were inconvenienced in no way at any time following the operation. Of the 80 patients, 34 complained of speech defects for from one to three weeks after operation, 16 complained of speech defects for more than three months after operation, while four had practically lost the singing voice. About 25 per cent. of the patients stated that their throats felt better and that they could speak and sing better after operation than before. Inability to use certain words had continued with 5 per cent. of the patients for more than six months after operation.

The variety of deformities following enucleation were classified as follows:

(1.) The pillars on both sides had disappeared, with the soft palate tightened to such an extent that the opening at the naso-pharynx was narrowed.

(2.) The pillars on both sides had grown together.

(3.) The anterior pillar had wholly disappeared, with a large amount of cicatricial tissue deposited on the posterior pillar.

In the four patients whose singing voice had been seriously affected, the posterior pillar had disappeared through amalgamation with the anterior or with the lateral wall of the pharynx.

The reader emphasized the fact that he did not think the last word had been said in regard to tonsil enucleation, and proposed as a remedy for

preventing the unsatisfactory throat results an operation for removing the tonsil by what he called the "eversion method," and with charts and diagrams pointed out that the capsule of the tonsil is simply a bag, the bottom of which may be pulled through its mouth, so that its inner surface becomes the outer, and that if the capsule, with its glandular tissue, is everted and a snare placed on, removing the tonsil with its capsule complete (there being no dissection and therefore no injury to the muscles surrounding), there would be no deformities.

The exceptions to the rule presented, viz., that the tonsil will evert on traction, were:

(1.) Those cases in which the capsule was bound down to the surrounding tissues by previous attacks of inflammation.

(2.) Those cases where the capsule was very much contracted and contained cicatricial tissue only.

(3.) Those cases of hypertrophied tonsils which had everted themselves and the tonsil was found everted when the patient applied for treatment.

The points advanced in favor of the procedure were:

(1.) Simplicity of the operation.

(2.) Practically no hemorrhage.

(3.) Little or no deformity following the procedure.

(4.) Only three instruments necessary for the operation, viz., tonsil tenaculum, blunt-pointed tonsil knife, Tyding snare.

WOOD-ALCOHOL BLINDNESS.

H. Woods, Baltimore (*J. A. M. A.*, June 7), reports two cases of blindness from wood alcohol in addition to those formerly reported by him. His object in reporting them is to arouse, if possible, a sufficient medical public opinion to bring about legislation that will protect unsuspecting individuals from misfortune from this source. In one of the cases the blindness is attributed to the external use of wood alcohol; in another from drinking supposed and mislabeled whiskey containing it. The cheapness of the substance is a temptation to manufacturers and dealers, and the discovery that it could be deprived of its nauseating qualities has been a misfortune. He remarks on the singular fact of the different susceptibility of individuals, some persons seem-

ing to be able to take considerable quantities with immunity. The preventive methods Woods recommends, in case its manufacture cannot be prohibited, are, first, making it mandatory to leave it undeprived of its nauseous qualities or else making it otherwise unfit for drinking. The State Board of Health should control its use, and individuals, firms or corporations utilizing it should be obliged to report the fact to the Health Board. Its use in vaults, vats or unventilated places is a terrible menace to society and life, and should be regulated. Those using it should take special pains to instruct their employes as to its dangers, and wherever it is sold it should be with the usual precautions attending the sale of dangerous poisons.

ITEMS

Dr. Albert S. Harden, class of 1901, who is the son of Mrs. Richard B. B. Chew of Prince George's county, has been appointed Health Commissioner of Newark, N. J., by Mayor Jacob Haussling. He assumed his duties September 2. Dr. Harden has been living in Newark since 1902. He has been connected with the leading hospitals there, and is a member of the Academy of Medicine, treasurer of the Anatomical and Pathological Society, and a member of the county, State and national medical societies.

Dr. Herbert Schoenrich, class of 1907, who is a lieutenant in the Medical Corps of the Fifth Regiment, Maryland National Guard, read an interesting paper at the twenty-third annual convention of the Association of Military Surgeons of the United States and Canada, which was held the latter part of September in Cincinnati, Ohio. Capt. Herbert C. Blake, B. M. C., class of 1905, of the Fourth Infantry, and Dr. Harry Ullrich, B. M. C., class of 1897, also attended the convention.

Dr. Charles A. Neafie, class of 1909, is located at Elks Temple, Pontiac, Mich. He was formerly associated with the Pontiac State Hospital there.

Dr. Jesse R. Wanner, class of 1914, has located in Nanticoke, Md., where he is practicing his profession.

We are in receipt of the following circular-letter announcing the tentative plans of the "1909 come-back committee" for the celebration of the fifth anniversary of their graduation. The reunion has our hearty endorsement, and we trust each member of the class of 1909 will be able to attend:

University Hospital,
Corner Lombard and Greene Streets,
Baltimore, Md., August 13, 1914.

Fellow Classmates:

As a member of the class of 1909, medical, of the University of Maryland, you are hereby requested and urged to "come back" to your Alma Mater this, the fifth year after your graduation, for the purpose of swapping handclaps and remembrances.

Do not raise the plea of financial embarrassment; it is probably only an excuse, and the majority of us are most likely in the same boat.

However far away you may be, you must know it will amply repay you to see us altogether again. Some we shall never see again, and before many more years pass, more of us may go; so let's not delay any longer.

At our Sophomore, and again at our Senior banquet, we promised to have a five-year reunion; let's have it.

We believe that ours was really the most representative class the school has had in many years. Athletic, social, mental and moral, our class was always in the forefront. And many of nineteen are doing very good work in medicine.

We trust you are ready to come back; let's show the school there is such a thing as school and class spirit here among us.

We have thought that the date of our reunion might fall on Academic Day (about November 10), and the day following, with the probable program as follows:

First Day—Academic Day exercises, luncheon, theater.

Second Day—Clinics in a class, auto rides around town, banquet.

In order to pay expenses for banquet, etc. (and we promise you a very good banquet), you are hereby requested to let us have at your earliest convenience your check or money order for six (\$6.00) dollars, and in the next few numbers of the University Gazette we will give a list of those

who are coming back. Make check payable to the chairman.

Sincerely hoping you will see your way to "come back," we remain,

H. M. ROBINSON, Chairman;
FRED RANKIN,
GEO. F. BENNETT,
R. G. WILLSE,
J. G. SCHWEINSBERG,
F. H. VINUP.

The following is a list of the class of 1909, with their correct addresses, to date:

Alshires, D. C., Tarboro. N. C.; Mt. Airy, N. C.
Bell, A. M., Bedeque, Can.
Bennett, G. E., 4 E. Madison, Baltimore, Md.
Benson, C. I., Port Deposit, Md.
Blake, W. J., Benwood, W. Va.
Braithwaite, W. W., Christobal, Panama.
Broadwater, N. I., Oakland, Md.
Brogden, M. L., Swansea, S. C.
Brown, Paul, 1825 Pennsylvania Ave.; 818 Edmondson Ave.
Bryer, H. B., Newport, R. I.
Buch Miguel A y Portuondo, Santiago, Cuba.
Campbell, W. S., Albany, Mo.
Cannon, A. E., Clifton, S. C.
Cole, A. J., Holbrass, Mass.
Colline, C. B., Calvert, Md.
Craig, B., El Paso, Tex.
Davis, C. A., Arrington, Nelson Co., Va.
Dowdy, J. E., Winston-Salem, N. C.
Fehsenfeld, A. L., Duval and Garrison Ave.
Gantt, H. B., Millersville, A. A. Co., Md.
Gibson, B. H., 403 E. Bolton St., Savannah, Ga.
Gibson, W. T., Batesburg, S. C.
Gilchrist, T., 1511 Green St., Philadelphia, Pa.
Gillespie, N. M., U. S. P. H. S., Honolulu, Hawaii.
Goodall, E. B., 98 Emerson St., Haverhill, Mass.
Green, M. B., E. side Harford Rd., near White Ave., Hamilton, Md.
De Guzman, J. Y., Soto, Porto Rico, W. I.
Hill, S. W., Regent, N. D.
Hooper, J. W., Wilmington, N. C.
Hughes, J. A., Strong, Pa.
Hundley, P. G., Montross, Va.
Iseman, E., 11 E. Jones St., Savannah, Ga.
James, G. E., Newport, N. J.
Johnson, C. H., 714 Linden St., Camden, N. J.
Kepple, A. D., Hannastown, Pa.

Kettle, W. S., 714 Glesian St., Portland, Ore.
Kerns, H., Granite Falls, Minn.
Knowles, R. N., 6 Fifth St., Bangor, Maine.
Long, E. M., Hamilton, N. C.
Long, S. H., 1922 E. Baltimore St.
McElwee, R. S., Statesville, N. C.
Magraw, J. F., Perryville, Md.
Martin, W. E., Roslyn, Md.
Mason, J. S., Whiting Block, Albuquerque, New Mexico.
Meade, J. W., Fishing Creek, Md.
Messmore, J. L., Masontown, Pa.
Moore, C. G., Schuyler, Neb.
Moorefield, J. L., Guilford College, N. C.
Neafir, C. A., Blackwells Island, N. Y. C.
Norman, J. S., Bladenboro, N. C.
Osborn, J. N. N., Martinsburg, W. Va.
Panamore, J. B., West Church St., Jacksonville, Florida.
Patrick, L. N., Gastonia, N. C.
Patrick, T. A., Fayetteville, Tenn.
Price, S. J., Queenstown, Md.
Priest, W. M., Wilmington, Del.
Putnam, L. J., Shenandoah, Iowa.
Queen, W. G., Arlington, Md.
Rankin, F. W., 2124 Maryland Ave.
Rosse, J. A., Syria.
Rawls, J. W., Franklin, Va.
Reaser, B. J., Martins Creek, Pa.
Ricketts, J. W., Central Ave. and 32d St., Indianapolis, Ind.
Robertson, J. W., Onancock, Va.
Robinson, H. M., 2010 Wilkens Ave.
Roddy, L. H., Cameron, Tex.
Russel, J. T., Eastport, Md.
Schweinsberg, J. G., 1120 W. Cross St.
Shakashire, A., Anffe, Syria.
Shankwiler, R. A., Detroit Tuberculosis Sanitarium, Detroit, Mich.
Simpson, F. T., Westminster, S. C.
Smeltzer, H. W., Greendale, Va.
Smith, C. C., Lauraville, Md., Harford Rd. and Grindon Lane.
Stern, I., 531 Cumberland St.
Stirewalt, N. J., McConnellsville, S. C.
Strosnider, C. F., Newbern, N. C.
Swindell, J. L., Black Creek, N. C.
Thurston, A., Taylorsville, N. C.
Trull, A. C., Haverhill, Mass.
Vinup, F. H., 7 N. Carey St.
Walkup, A. C., McIntosh, Fla.
Weatherly, J. B., Altamahaw, N. C.

Wedaman, T. H., Pomaria, S. C.
 Williams, L. W., Statesboro, Ga.
 Willse, R. G., 1125 Madison Ave.
 Wright, E. B., 1017 Cathedral St.

The "1909 Come-Back Committee" is patiently awaiting the returns from the loyal members of the class. We hope they have not lost power of appreciating what it will mean to see, to feel, to talk to their classmates again. Let's hear from you at once. Something will be doing every minute, so change your mind and "git" in the push. Everybody else has promised to be there, so come back for auld times' sake. Your classmates want to see you and hear from your own lips what success has been yours. Be a boy once again. Live over those days which we would give our all if we could only live again. Remember, your presence is necessary to make the reunion a success, so pray do come back.

Following is a list of those who have already signified their intention of "coming back" or who have gone further and sent money. Be sure to add your name to the list:

George Bennett.
 A. L. Fehsenfeld.
 H. B. Gantt.
 William Queen.
 Frederick Rankin.
 H. M. Robinson.
 J. G. Schweinsburg.
 F. H. Vinup.
 G. R. Willse.
 C. C. Smink.
 Paul Brown.
 W. E. Martin.
 J. W. Robertson.
 R. A. Shankwiler.

Dr. and Mrs. Henry B. Thomas have returned from a motor trip in the North and have opened their house at 1007 Cathedral street.

Dr. and Mrs. Merrill Hopkinson, who have been spending some time at Plymouth and Boston, Mass., have returned to their home at Roland Park.

Dr. and Mrs. Lewis Mines Allen of Winchester, Va., have left the Mount Washington, Bretton Woods, where they have been spending the summer, and are now at the Brighton, Atlantic

City, before returning for the fall to their home in Virginia. Dr. Allen graduated in 1896, and on December 10, 1913, was married to Miss Dorothy Gilpin of Millwood, Va. Mrs. Allen's mother, Mrs. Henry Brooke Gilpin, accompanied them.

Dr. James A. Nydegger has returned to the University Club after spending several weeks at the Northern Adirondack resorts.

Dr. Ernest Zueblin, professor of medicine at the University, formerly of Zurich, Switzerland, who has been abroad since June, has returned and resumed his duties at the University. Most of the time he spent in his native country, Switzerland. While abroad he attended a number of international medical meetings. It was thought at one time that Dr. Zueblin had joined the Swiss army, owing to the war in Europe. This, however, proved to be a false rumor.

In a report to the managing directors of the Star-Spangled Banner Centennial Dr. George L. Wilkins, class of 1870, of 6 North Broadway, chairman of the medical relief committee, stated that 280 cases were treated at the various emergency hospitals established along the routes of the parade. One hundred and twenty-eight physicians and seventy-five nurses gave their services free during the week.

Dr. James J. Carroll, class of 1893, and Mrs. Carroll, of the Latrobe Apartments, have returned from Europe, where they spent the summer.

Dr. Robert F. Wells, B. M. C., class of 1892, of Gamber, Md., is ill with typhoid fever in St. Agnes' Hospital, Baltimore.

Dr. Charles R. Edwards, class of 1913, who was operated on at the University Hospital for appendicitis, has recovered and resumed his duties in the University Hospital.

Dr. and Mrs. Alexander McConachie, who have been spending the summer in Europe, have returned and opened their home at 805 North Charles street.

The following members of our alumni are members of the Medical Corps of the Maryland

National Guard and attended the camp of instruction at Saunders Range, Glenburnie, Md.: Majors Robert P. Bay, W. Clement Claude, J. H. Ullrich (B. M. C.), Howard Asbury; Captains F. H. Vinup, John C. Stansbury, William C. Coleman, J. Charles Madara; Lieutenants Herbert Schoenrich and Frederick Rankin.

Dr. E. Judson Hair, who was recently a patient at the University Hospital, visited us during the past few weeks, very much improved in health.

The following members of our alumni visited us during the past few weeks: Drs. W. Thomas Chipman, '12, of Felton, Del.; Charles Wallace Armstrong, '14, of Troy, N. C., who is the first man of his class to bring a patient to the hospital; James J. Edelen, '11, of La Plata, Md.; C. N. Devilbiss, '10, of Laytonsville, Md.; S. Luther Bare, '05, of Westminster, Md., and L. C. Carri-
rico, '85, of Bryantown, Md.

Dr. Thomas J. Talbott, class of 1895, and Mrs. Talbott have been motoring through New York and New Jersey.

Dr. W. R. D. Penniman, B. M. C., class of 1899, and Mrs. Penniman spent a part of the summer at Skyland, Va.

Dr. Gideon Timberlake has been on an extended motor trip through the North. On his return trip he stopped off at Atlantic City, where he registered at the Brighton Hotel.

Dr. Alexander H. Saxon, class of 1863, and Mrs. Saxon, of 432 N. Carey street, have been spending some time at Massapeque, L. I.

Dr. Robert E. Abell, class of 1912, has tendered his resignation as assistant in anatomy at the University Hospital. He will locate in South Carolina, where he will engage in private practice.

Dr. Raymond G. Hussey, class of 1911, who has been at the State Sanatorium, Md., has left the Sanatorium and gone to Blue Ridge Summit, Pa.

Drs. A. M. Shipley and R. P. Bay represented the University in the first aid preparations for the Banner Centennial week. They located first aid stations throughout various portions of the city.

Prof. Randolph Winslow is in receipt of the following interesting letter from Dr. Antonio Balart, class of 1914:

"Havana, September 27, 1914.

"Prof. Randolph Winslow,

"University of Maryland,

"Baltimore, Md.:

"My dear Professor.—Was very glad to hear of your arrival from Europe, as I guess things are a little noisy over there.

"I was here in Havana last June, for the purpose of taking the State Board, but was a little late for it, so had to wait till September. I took it last week and passed it, and I was congratulated by the Examining Board for my work; that congratulation belongs to our 'Alma Mater' rather than to me. Echeverria also passed the Board, so did the boys from the other departments of the University.

"Don't know where I am going to locate just now, but will decide this week, as I have several propositions. But I am inclined to think that I will go to Guantanamo.

"I hope you will turn out a good graduating class this year. Was very glad to hear that my classmates have done so well on their State Boards.

"Remember me to all, especially to your son, Dr. Nathan, and Professors Shipley and Ashby.

"Hoping to hear from you some time in the future.

Your friend,

"A. BALART.

"Address, P. O. Box 23, Guantanamo, Cuba."

We wish to extend to Dr. Balart our hearty congratulations. It is a source of great satisfaction to feel that our alumni are so successful, as it speaks in itself for the University. We wish him every success.

The University of Maryland School of Medicine was organized in 1807 as the College of Medicine of Maryland. The first class graduated in 1810. In 1812 it became the University of Maryland School of Medicine. The Baltimore

Medical College was merged into it in 1913. The faculty numbers 139. A four years' course in a high school and a year's work in collegiate physics, biology, chemistry and French or German are the minimum requirements for admission. The course covers four years of eight months each. The total fees are \$170 each year; graduation fee, \$30. The dean is Dr. R. Dorsey Coale. The total number of students registered in 1913-1914 was 454; graduates, 97. The one hundred and eighth session began October 1, 1914, and will end June 1, 1915.

Miss Grace Hull, class of 1914, who has been on a vacation for several weeks, returned to Baltimore and resumed work at the hospital October 1.

Miss Carrie Edith Murray, class of 1914, who was recently operated on at the University Hospital for appendicitis, has sufficiently recovered to leave the hospital and go to her home in Buena Vista, Va., to recuperate.

Dr. and Mrs. Thomas Fell, accompanied by their two sons, John and Edgar, who have been abroad for nearly three months, have returned to their home in Annapolis.

Dr. and Mrs. Fell made the trip across aboard the steamship Philadelphia of the American Line, that arrived in New York on Saturday. They were detained for more than a month in England. The Philadelphia brought nearly her full complement of passengers—1000. Most of the passengers, Dr. and Mrs. Fell said, were natives of France and Belgium.

Dr. and Mrs. Charles O'Donovan and their children, who have been occupying their country home near Cockeysville for the summer, have returned to Baltimore and have opened their town residence, 5 E. Read street, for the winter.

Dr. William J. Coleman, class of 1908, who has been on an extended Northern trip through Connecticut, New Hampshire and Vermont, visiting the various hospitals, has returned to the University and resumed his duties as superintendent. He also visited his home in Connecticut. Dr. Coleman was very much pleased with what he

saw at the hospitals, and has returned fully refreshed for his work.

Miss Julia C. Foley, class of 1914, has been appointed assistant superintendent of the University Hospital Training School for Nurses. She assumed her new duties September 1. Miss Foley is a graduate of Notre Dame and of the Maryland Institute. During her senior year at the hospital she was elected president of her class, although one of the junior members—the highest compliment the class could pay her. She has our best wishes for success.

Among the recent visitors to the University was Dr. Peter P. Causey, class of 1897, of Wilmington, N. C.

Dr. Moses Louis Lichtenberg, class of 1912, has been temporarily appointed chief resident physician of the Hebrew Hospital, this city. For the past two years Dr. Lichtenberg was resident physician at the University Hospital.

Dr. James M. Craighill, class of 1882, Chief Police Surgeon, and Dr. Nathan Winslow, class of 1901, sailed September 14 on the steamship Somerset of the Merchants & Miners' Line for Jacksonville, Fla. Both doctors went for a rest and the ocean air. They returned to Baltimore the following week much rested, having spent eight days upon the sea.

Dr. John S. McKee, class of 1907, has been elected Health Commissioner of Raleigh, N. C. Dr. McKee is professor of obstetrics in the Leonard School of Medicine at Raleigh.

Miss Jessie S. Funk, University Hospital Training School for Nurses, class of 1914, who recently went to the DeSoto Sanatorium, Jacksonville, Fla., in charge of the operating-room, has been compelled to resign on account of illness.

Mrs. Bertie Mae Sigmon, class of 1914, has accepted the position. Miss Nettie Flanagan, a former superintendent of the University Hospital Training School, is superintendent of the hospital.

Three of our nurses of the class of 1914 are located at 339 Dolphin street (phone, Mt. Vernon

826). They are Misses Virginia R. Clendenin, Sadie E. Davis and Alice K. Coulbourne.

By invitation of Drs. G. Carville McCormick, class of 1890, and Frank C. Eldred, class of 1891, both of Sparrows Point, Md., the September meeting of the Baltimore County Medical Association was held September 16 at the Sparrows Point Club. A luncheon was served at 2 o'clock, after which a business meeting was held.

According to a bulletin issued by Health Commissioner Nathan R. Gorter, not a single case of measles, mumps, whooping-cough, smallpox or infantile paralysis was reported to the Health Department during the week from September 20 to 26, inclusive.

Prof. R. Dorsey Coale, dean of the Medical Department, has returned from a short vacation trip to Atlantic City. Dr. Coale was registered at the Chalfonte.

Dr. Morris C. Robins, class of 1894, of El Centro, Cal., who has been a patient at the University Hospital, has left the hospital very much improved in health. Dr. Robins is a member of the Washington State Medical Association.

Dr. Grover Cleveland Beard, class of 1912, is located at Cedar Creek, N. C.

Dr. John B. Piggott, class of 1907, has moved his offices from "The Thomas" to "The Burlington," Washington, D. C. He was formerly located in Grafton, W. Va.

Dr. Charles A. Neafie's present address is No. 71 South Saginaw street, Pontiac, Mich. He is a graduate of the class of 1909.

Dr. and Mrs. John C. Hemmeter have returned to their residence on University Parkway after having spent part of the summer at Portland, Maine.

Dr. Frederick R. Devine, class of 1913, is a resident physician in the City Hospital, Providence, R. I.

Dr. William Emrich, class of 1903, has just returned from a two year's service in the Madeira Mamore Railroad in Brazil, S. A.

Dr. Joseph Spark, class of 1913, has left the Municipal Hospital and will probably locate in Martinsburg, W. Va.

Among those who paid flying visits to the University during the past month were Drs. A. E. Landers, 1907, of Crumpton, Md.; James Thomas Taylor, 1908, of Madison, N. C.; John J. McGarrell, 1908, of Ohio; R. R. Diller, 1910, of Detour, Md.; Judson E. Hair, Jr., 1912, of Greenville, S. C.; Walter H. Mayhew, 1901, of Sabillasville, Md., and Louis C. Skinner, 1901, of Greenville, N. C.

Dr. Raymond G. Hussey, 1911, who is practicing at Sabillasville, Md., also paid us a short visit.

Dr. Frank S. Lynn, class of 1907, surgeon for the Maryland Naval Militia, recently returned from a cruise on the Chesapeake on the cruiser Montgomery. This cruiser was loaned by the Navy Department to Maryland to be used by the naval militia of the State.

Dr. Porter P. Vinson, class of 1914, who showed such promise in the tuberculosis clinic while in the University Hospital, has definitely taken up the tuberculosis work and is located at the Adirondack Cottage Sanitarium, Trudeau, N. Y. He is associated with Dr. Frederick Henry Casper Heise, class of 1907.

Dr. Herbert Jerome Rosenberg, class of 1908, who is located at 409 Washington street, Atlanta, Ga., was a recent visitor to the University. He saw a number of old friends while in the city.

Dr. T. A. Ashby, professor of gynecology, and Dr. David Streett, professor of clinical medicine of the University of Maryland faculty, attended the fifth annual reunion of the New York Medical Alumni of the University of Maryland, held at Syracuse, N. Y. Both professors discussed the merger of the University of Maryland and the

Baltimore Medical College at the banquet. About 20 Central New York physicians attended the reunion.

Dr. Clark S. Bogart, class of 1914, writes that he has been appointed to an internship at St. Alexis Hospital, Cleveland, Ohio, and that he is greatly pleased with the work. His friends will be glad to know that he is so pleasantly situated, and wish him much success.

BIRTHS

Recently, to Dr. Peter P. Causey, class of 1897, and Mrs. Causey of Wilmington, N. C., a son. Mrs. Causey was before her marriage Miss Esther E. Brewington, University Hospital Training School for Nurses, class of 1907.

MARRIAGES

Dr. Burnam Karl Blalock, class of 1913, Norwood, N. C., to Miss Mary Nealson Rennie of Baltimore, Md., at Baltimore, September 9, 1914. Mrs. Blalock was before her marriage Miss Mary Nealson Rennie, University Hospital Training School for Nurses, class of 1913. Dr. and Mrs. Blalock will reside in Norwood, N. C.

Dr. Charles F. W. Bove, B.M.C., class of 1913, of Cumberland, Md., to Miss Cecelia H. Flaig, formerly of Catskill, N. Y., at Catskill, August 22, 1914. Dr. Bove was formerly connected with St. Joseph's Hospital, this city. He has since located in Cumberland, where he is engaged in private practice.

Dr. J. G. Fowble Smith, class of 1906, of Sykesville, Md., to Miss Sara Frances Moore of Silver Spring, Md., at Elkton, Md., August 15, 1914. Dr. Smith is a member of the Springfield State Hospital staff.

Dr. Alfred W. Yocum, B.M.C., class of 1912, of Sparrows Point, Md., to Miss Daisy C. Disney of Baltimore, Md., at Baltimore, September 3, 1914. Dr. Yocum was formerly an assistant surgeon of the Maryland Steel Co. After a short wedding trip, Dr. and Mrs. Yocum left for China, where the doctor has been assigned to the Oxner Memorial Hospital in Pingtu, Shantung, as a medical missionary.

DEATHS

Dr. Stephen Dandridge Kennedy, class of 1885, of Ann Arbor, Me., who entered the United States Navy as assistant surgeon May 9, 1861, and after attaining the rank of medical inspector resigned from the service November 20, 1883, died at his home in Cassilis, near Warrenton, Va., September 3, 1914, aged 70 years.

Dr. George W. Hudson, class of 1875; died at his home in Camden, Ark., August 21, 1914, from pneumonia, aged 70 years.

Dr. Leonard H. Spalding, class of 1869, for 33 years a practitioner of Peoria, Ill., died in Rochester, Minn., August 22, 1914, from heart disease, aged 69 years.

Dr. Josiah T. Payne, class of 1863, of Sunny Brook, Md., health officer of the tenth district, died suddenly at his home, following an attack of apoplexy, September 1, 1914, aged 75 years.

Dr. Payne was born at Norrisville, Harford county, Md., educated in the public schools and was graduated in 1861 from the University of Maryland. During the Civil War he joined J. Harry Gilmor's command, and was with Colonel Gilmor when he made his raid into Maryland and camped at Cockeysville in July, 1864.

At the close of the war Dr. Payne located at Black Horse, Harford county, where he remained 40 years, and then moved to Sunny Brook.

He is survived by a widow, who was before her marriage Miss Emma Ross; four daughters, Mrs. I. W. Thompson, Mrs. Richard R. Sparks, Mrs. Harry O. Macalister and Mrs. Charles M. Pearce, and one son, Dr. T. Ross Payne.

On July 9, 1914, at her home in Mount Olive, N. C., Rosa Meredith Strosnider, wife of Dr. Charles S. Strosnider, class of 1909. THE HOSPITAL BULLETIN desires to extend to Dr. Strosnider its deepest sympathy.

Ida Schweinsberg, the two-and-a-half-year-old daughter of Dr. John G. Schweinsberg, class of 1909, of 1120 Cross street, died in September, as the result of injuries sustained from being run over by a truck. We desire to extend to Dr. Schweinsberg our heartfelt sympathies on the death of his little daughter.

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Vol. X

BALTIMORE, MD., NOVEMBER 15, 1914

No. 9

A STUDY OF A CASE OF DUODENAL ULCER.

By W. H. JENKINS and L. A. BUIE, Class of 1914.
With Introductory Remarks by
ALBERT H. CARROLL, M.D.

The art of being able to write a really good report of a case or of a series of cases embodying all the facts of diagnostic significance in a well-balanced manner and in a way which will supply the reader with valuable food for thought is not an endowment. There are a few fortunates to whom the work presents no very great difficulties, but to most others it means that there must be a special training; that much hard work must be done. The very first paragraph of numberless publications condemns them to remain unread. It is as necessary to properly present the subject in a manner which is attractive to the reader of medical literature as it is essential to immediately center the interest of the reader of history, of current news or of fiction.

For a number of years it has been the custom and policy of this University to publish from time to time reports of cases which have been prepared by the students for presentation before the various clinics. One of the objects in doing this has been to stimulate the student into a self-training of such latent literary ability as he may possess, and in this way to aid in the development of the talent.

This is one of the many gateways which "Old Maryland" holds open for her children to pass through, so that they may go out into the world well equipped. The reporting of interesting ob-

servations in the medical journals and the reading of papers before various medical societies has a double value. It is of direct benefit to the worker, and credit is indirectly cast upon his alma mater. But no matter how meritorious is the report, it lacks much in value unless the presentation is pleasing. Unless the reporting is cleverly done.

The study of the case which follows was read by a member of the Senior class and the patient shown at the first meeting of Dr. Hemmeter's clinic on diseases of the digestive tract for the present year. It is the practice in this clinic to appoint two students to work together on a selected case. One of them reports the clinical findings, while the other reviews the laboratory reports. The patient is usually one who has first applied for aid to the dispensary clinic, and later has been entered in one of the hospital wards, where a searching study can be conducted. Upon the completion of this, the patient is presented before the clinic and the result of the investigations submitted.

The workers and various members of the class are interrogated concerning the methods employed in reaching the diagnosis. Constructive criticism follows. Suggestions are made and shortcomings pointed out. When the report is finally accepted it is typewritten and filed for future reference. The final marking of the student is partly determined by the work which has been done.

Since the following report is the first to have been made this year, its publication will demonstrate one of the methods of study in vogue in this clinic. It may also serve as a guide to those who will be assigned to the study of similar cases later in the year.

It is printed as read before the class, with the exception of a digest of post-operative findings. The operation demonstrated the correctness of the diagnosis.

* * * * *

The operation was done because the patient *refused to stay* a reasonable length of time for treatment. He stated that his family was in want, and that he *would go out and back to work unless we could operate*, and in this way get him well in a shorter period.

His abdomen was opened by Dr. St. Clair Spruill at his clinic, and an old ulcer found about one-half inch distal to the pylorus. The pancreas was discovered to be hard and enlarged. This was so suspicious of cancer that it appeared reasonable to make a tentative diagnosis of cancer of the pancreas. There were no adhesions around the gall-bladder, and the walls of the duodenum appeared normal.

A gastroenterostomy was done, and, with the exception of a bronchitis, which lasted several days, the patient made an uneventful recovery. The case was discharged October 29, apparently well.



PLATE NO. 1.



PLATE NO. 2.

X-RAY EXAMINATIONS.

Photographs Nos. 1, 2 and 3 were made before the gastroenterostomy was done. No. 4 was made after the operation. The first, or immediate plate, was made immediately after an ounce and one-half of barium sulphate had been given. The second, or No. 2, was made one hour later, and No. 3 is a five-hour plate. No. 4 of this series was made the day before the patient left the hospital.

It will be noticed that the stomach is well up in position in all the photographs. That the peristalsis appears to be good. That there is no dilation of the stomach. In the early plates, however, there is seen a lessening of the diameter of the stomach in the prepyloric region. This is constant. It represents a spasticity of this area, which we know was due to irritation arising from the duodenal ulcer. An early shadow is not seen in Nos. 1 or 2 of barium in the duodenum, as is usually the case in ulcer. The picture presented is in this point atypical as regards ulcer conditions.

It appears that after No. 2 and before No. 3 was taken that the spasticity disappeared and allowed a rapid evacuation into the intestine, which in itself appears hypermotile. In No. 3 no shadow indicates the site of the ulcer cavity, found at

operation later to be on the verge of perforation. In none of the plates is there indication of perigastric or periduodenal adhesions, although the pylorus is somewhat to the right of the normal position for a thin person.

All that could be said safely with regard to these plates taken before operation is that they indicated an inflammation in the pyloric region. To have ventured more would have been guessing.

Plate No. 4. This post-operative view is illuminative, but is subject to one error in reading it. It will be seen that apparently all the barium is leaving by the pyloric route, and not by way of the stoma. Again, it demonstrates that there is no obstruction to the passage of content through the intestine at the point of anastomosis with the stomach. Yet it is distended with bismuth, although taken but five minutes after the barium meal. The region of the stoma may still be oedematous.

The conclusion is that the barium is leaving the stomach via the pylorus, notwithstanding the stoma, and such appears to be the case here.

It is well known that immediately after a meal the content will pass at first in large quantity through the stoma, and that there is a tendency for



PLATE NO. 4.

a part of this to back up into the duodenum. It has also been demonstrated that the "pylorus will functionate when patent, notwithstanding a patent stoma." Hence the shadow filling the first portion of the intestine, as seen in plate No. 4, may be due to barium which has entered it from both openings. Once the ulcer is healed completely and the stoma is a clean-cut opening, all the bismuth will no doubt be seen in a later series to pass via the stoma, except the first "gush" above spoken of.*

STUDY OF THE CASE.

The case which we have studied and the history of it, which we have prepared for today's clinic, is one which has been diagnosed as duodenal ulcer. A brief review of the case before going into the history has been suggested, and may help.

First—This is an old case, which may be called *chronic*. The onset of the present trouble began about six years ago, when there were *periodic attacks*. These came on about once a month.

Second—Of late the trouble has become almost constant, and although apparently cured after a period spent in *this hospital last summer*, there has been a *return*, with even more suffering than



PLATE NO. 3.

*The excellent X-ray pictures were made by Dr. Chandlee in his clinic.

formerly, and the patient was compelled to re-enter for treatment.

Third—This is a warning as to the too early discharge of these ulcer cases. The disappearance of all symptoms and of blood in the feces and secretions caused him to be discharged before healing of the ulcer had been complete. He insisted upon discharge, and was allowed to go, only to return later. This was a mistake.

Fourth—If the diagnosis is a correct one, the *X-ray plates do not aid as positively in the diagnosis as is the rule*. In this case the diagnosis was at first made from *the anamnesis alone*. The *subjective symptoms* were sufficient to make a diagnosis. This diagnosis appears to be confirmed by the laboratory findings. *The objective symptoms* have helped much.

The patient was first seen in the dispensary clinic by Dr. Carroll, and after a brief study was entered in Dr. Hemmeter's clinic in this hospital, in bed No. 12, ward G. This was on August 26 last. The following ward entrance note was then written:

Complaint—Pains in the stomach, after meals, two or three hours.

Family History—Father died of a paralytic stroke. Mother of cancer when she was 48 years old. Has three brothers and three sisters. All living and well. Has four children, all well. No T. B. No nervous disorders. Knows of no other case of cancer except his mother's.

Past History—Patient cannot remember whether or not he has had measles, whooping-cough, etc. Can only remember being sick once, when he had chills and fever. Has not had syphilis. Had gonorrhea about twenty years ago. No complications.

Habits—Drinks tea and coffee. Is a moderate constant drinker. One or two drinks of whiskey a day and several of beer. Is a constant smoker. He says that he does not get drunk because the brewery he drives for is very strict, and cuts a man's free beer down to 24 bottles a day if he gets drunk.

Later—He now states that the eating of food relieves the bad pains. The above is part of the entrance notes made when assigned the case last summer. A more complete history has been prepared during the past week.

A series of X-ray plates was made by Dr. Chandlee, August 27, 1914. There were three plates. One plate taken 18 hours after a previ-

ous dose of bismuth; another two hours later, and still another four hours later. The number of this series is 4507 in the X-ray clinic. Alone they are very suggestive. Coupled with later information, they are instructive.

A thorough blood examination was made on his first visit, but this has disappeared from his ward history chart and another has had to be made. This was done this morning.

HISTORY OF THE CASE.

Hospital No. 6479.

Date of first entrance, August 26.

Date of discharge, September 10, 1914.

Readmitted on October 5, 1914, to Dr. Hemmeter's clinic, bed No. 8, ward "G."

Name—J. H.; male; white; married; American; aged 34.

Occupation—Driver.

Diagnosis—Duodenal ulcer, with a hyperchlorhydria.

Family History—This is negative to T. B., to lues, or to insanity or nervous disorders. His father died of apoplexy, and his mother of cancer. His brothers and sisters are well. He has four children, all healthy and strong.

Past History—He was a well, strong boy, and has but an indistinct recollection of the diseases of early childhood. He denies any luetic infection, but admits a Neisser infection of many years ago. Outside of the present trouble, he has been a well man.

Present Trouble or Complaint—This began about six years ago, as occasional attacks of pain, at various periods, following eating. These attacks were about a month apart. The pain was in the epigastric region, and was somewhat relieved by food and water. They did not radiate to the back. Pain came on about two hours after the ingestion of food. He was constipated at these times, and of late the constipation has become more constant and marked. He says that he has lost 20 pounds during the past year. There is some tenderness on pressure over the upper abdomen.

Of late the pain has become almost constant, and now comes on about three hours after eating. There has been a change in the location of the pains also. Not only has he the epigastric pain, but there is pain on both sides, in the region of the ascending and descending colon. The pains last from one to one and a half hours. At no time

has there been fever or pain near McBurney's point. He has never been jaundiced.

Habits—He appears to lead and to have led a regular life. There is no history which is suspicious of gross dietary or sexual errors. He does drink a moderate amount of whiskey, beer in some quantity, and is a constant smoker. There is no history of trauma.

The physical examination is absolutely negative with the exception of local tenderness in the upper abdomen and a hypersensitiveness of late in the right and left lower or middle abdomen.

He is a well-developed young man, rather stockily built, with no heart, vascular, bony framework or other abnormalities.

There is no evidence of a visceroptosis, and the anthropometric measurements and X-ray plates demonstrate this also.

The mouth is fairly clean. He has had no throat trouble. His constipation became worse about the time the pains started.

There are no tumor masses in the abdomen.

A proctoscopic examination was negative.

The above symptoms, that is, actual pain at a fairly definite period after eating, somewhat relieved by food, with an accompanying constipation, led to the suspicion of ulcer. Relief is had after vomiting green material during these pain attacks. The laboratory findings appear to confirm the diagnosis.

The anthropometric measurements are as follows:

Manubrium to xyphoid, 8 inches.

Manubrium to umbilicus, 14½ inches.

Manubrium to symphysis, 21.25 inches.

Right Ant. Sup. Spine of Ilium to Left Ant. Sup. Spine of Ilium, 10½ inches.

Xyphoid to Sup. Spine of right side, 12 inches.

Xyphoid to Sup. Spine of left side, 12 inches.

Circumference at Xyphoid, 26 inches.

Angle at Xyphoid, 95 degrees.

Height, 5 feet 6 inches.

Weight, 165 pounds.

Sex, male; race, American; age, 34 years.

LABORATORY REPORTS.

Examinations of Stomach Contents—A number of examinations of gastric and duodenal secretions have been made at various times. In every instance, since his return the second time as well as during the first visit to the hospital, they have contained free HCl. This has averaged about 80

to 90 degrees. After duodenal feeding, however, gastric contents drawn with the duodenal tube demonstrated a diminution in the secretion of the free HCl. A specimen examined Thursday last gave free HCl 90 degrees; total acidity of 149 degrees. The first specimen was blood free. A later one contained microscopic blood. This was not thought to be due to retching or to irritation of the duodenal tube with which it was withdrawn. Bile was also present in the second, but not in the first specimen. Duodenal secretions have also been acid. A 12-hour "rice retention meal" was given during the first visit, and was negative in the first, but positive in second and third degree. This appeared to indicate that there was a good peristalsis and a free opening. Duodenal secretions were examined for blood. It has been found in today's specimen.

Examination of Feces—Amount of specimen, 8 ounces. Color is yellow; liquid; characteristic odor. No excess of fat. No undigested meat fibers. Some red blood cells. Very small amount of mucus. No intestinal parasites or ova.

A second meal, three days after any meat had been given, gave a positive guaiac blood reaction. (He has no hemorrhoids.)

Examination of Urine—Negative to albumin and sugar. Sp. Gr. 1010. Total 24-hour specimen was 1440 C. C. Color, light amber. Transparent. No red cell or pus. Some slight sediment. No casts. Urea, 5.76 grams.

Widal—Negative.

Wasserman—Negative.

Blood Examination—Hemaglobin, 85; whites, 8100; reds, 4,700,000; differential, Poly., 69 per cent.; small, 24 per cent.; large, 4 per cent.; Eosin., 2 per cent.; Trans., 1 per cent.

Blood pressure—Syst. 125 mm. hg. Diastolic 95 mm. hg.

The "String Test"—This was positive in two instances. As it was known that blood was found at times in the stomach, but *practically always in the duodenum*, the string was not left in place after being swallowed for the usual eight hours. The first time it remained two and three-quarters hours; the second, three and a half hours. Both strings gave a positive guaiac reaction. The string distal to the pylorus showing greater staining, but there is evidence of a slight staining, well distributed on the portion which was in the stomach. The

bile-stained area marked distinctly the pylorus, from the gastric portion of the string.

TREATMENT.

We can't review all the treatments, but in this case we will first attempt to rest the pathological area. We may, again, use "duodenal feeding" with the Einhorn tube. Peptonized milk, beef soup, albumin, and even whole eggs well beaten and strained may be passed directly into the duodenum by way of the tube. Or we may feed per rectum, if necessary.

Bismuth subcarbonate and olive oil by mouth, because of the excess of HCl. Atropine sulph. gr. $\frac{1}{120}$ t. i. d. may help check HCl. secretion. An ice pack about the ulcerated area will help inhibit peristalsis. There must be absolute rest in bed.

The mouth must be kept clean, and the colon emptied with enemas. What we wish most to do is to rest the eroded area and allow it to heal. Hemorrhage and perforation must be watched for and combatted if such a complication follows.

Prognosis: In this case is fair. He responded promptly to a short course of treatment two months ago. However, he refused to stay under treatment a rational length of time, and there was a return of the old symptoms. Without perforation, perigastric or periduodenal adhesions, and unless there should be a hemorrhage, the prognosis is very good. He is young, and malignancy is not to be seriously thought of. He should get well of this attack, unless it is of a longer standing than indicated. At present there is no sign of obstruction from spasm or from scar tissue formation.

PARLOUS TIMES IN EUROPE.

By Randolph Winslow, M.D.

3. ZIGZAGGING THROUGH ENGLAND AND SCOTLAND.

During the first week in August London was not a very pleasant place of sojourn for Americans. The breaking out of the war disarranged all our plans, and the difficulty of getting money, owing to the moratorium, and the uncertainty of train and steamship service all combined to cause apprehension and to add to the desire to leave the city. In fact, our time while in the city was largely spent in visiting the American Express Co.'s office or Brown, Shipley & Co.'s, inquiring

for mail that did not come, and in trying to get checks and letters of credit cashed. The public buildings were mostly closed and there was not much of interest for the itinerant to see except the serious-faced crowds that thronged the streets. On August 5 some of us made a trip to Stratford-on-Avon by train, and thence to Warwick and Kenilworth by auto. This was a very pleasant jaunt. The countryside was charming; the hills and dales were as verdant as if painted on canvas, and in almost every meadow flocks of fat sheep and herds of sleek cattle were to be seen. England is a great sheep-raising country, and I can testify to the excellence of the mutton. After a pleasant rail trip we reached Stratford and were met by a chauffeur with an American machine, who took us to Anne Hathaway's cottage, where Shakespeare wooed and won her as his wife. This sixteenth century cottage was very quaint and interesting, and was practically in its original condition. Much of the original furniture was still in place, but looked very uncomfortable viewed in the twentieth century light. From here we were driven to Shakespeare's home in the town. This is a much more pretentious house, and was doubtless a comfortable and luxurious abode in those days. Everything in Stratford is under the Shakespeare spell, and doubtless he is still one of the chief industries of the place. The old ramshackle schoolhouse in which the immortal William acquired the rudiments of learning is still in existence and is used for the same purpose at the present time. The remains of the poet and his wife are interred in the ancient church at Stratford, and are a pecuniary asset to the institution. There is nothing to be seen, however, but two slabs set in the floor with the names of the illustrious dead carved on them. A pleasant ride brought us to Warwick, where the old castle is still to be seen, and was at the time of our visit the residence of an American gentleman. Thence a few miles is the ruined and historic castle of Kenilworth, once the residence of the English sovereigns, but destroyed during the Cromwellian era, as were so many other splendid buildings. Now it is a complete ruin and is kept as a historical relic. The gatehouse, however, is in excellent preservation and is now a handsome private residence.

The two great English universities are situated at Oxford and Cambridge. They are each composed of 20 or more autonomous colleges united

under a central governing body or senate into a university. The new Maryland State University is chartered to form an institution of very much the same character—that is, a number of autonomous colleges united under an independent board of regents to form the university. I had visited Oxford in 1906, and I was anxious to see Cambridge also, so I availed myself of the opportunity of making a pilgrimage to this renowned seat of learning. A pleasant railroad trip of short duration brought us to our destination. Cambridge is a quaint town with narrow streets and medieval looking buildings. The various colleges are scattered throughout the city, and are spacious stone buildings of ancient appearance. At the time of our visit there were but few students around, but we saw a few persons on the streets in caps and gowns. It was the seventh day of August and the war was three days old. The King's proclamation calling for mobilization of the Territorials was posted everywhere and was being responded to with alacrity. At the railway station troops were being entrained in heavy marching order and were being conveyed to camps for further training. I understand that the college buildings are now chiefly utilized as hospitals for the wounded. A very excellent dinner at a students' hotel is still a treasured memory of my visit to the city. Having replenished our pocket-books, we concluded it was time to get away from London for good. Our ship had been diverted from Southampton to Liverpool, and on August 8 we took our departure for the latter place in order to make sure of our return passage. Many steamships had been taken by the Government for transports and auxiliary cruisers, and there was great interruption to the lines of travel. We were to return in an American ship, and there was but little fear that we would have difficulty in securing our passage. We were glad, however, to find our ship in port and our return assured. Liverpool is not a very attractive city, especially after a spell of rainy weather, but it has a wonderful system of docks and piers that are very interesting, besides many handsome and imposing public buildings. The city was filled with people and the public buildings were filled with soldiers. Some of the regiments wore khaki uniforms very similar to those of the United States Army, but others wore scotch caps and kilts, leaving the knees bare. Sunday in the north of England and Scotland is

a pretty dull day. On Sunday, August 9, we crossed the Mersey River to Birkenhead and took train to Chester, a half hour distant. Chester is an old Roman town. The name is supposed to be a corruption of the Latin word *castrum*, meaning a camp. It still has an almost complete wall enclosing the original area of the city, about three miles in circumference. This wall was doubtless a great protection in the early days, but is only an object of veneration at the present time. There are also some very interesting old dwellings here. Everything was shut up so tight that we could not even get a lunch in the town, and we had to go hungry. The next day we left for Edinburgh, about seven hours distant and almost due north. There was no dining car on the train, but at a certain point you can buy a basket of lunch which you take with you, and the hamper, with plates, knives and forks and glasses, are returned by the railroad to their owners. In this manner we were able to satisfy our hunger reasonably well and comfortably.

Edinburgh is a very handsome city, though a solemn-looking one. The houses are built of gray stone or bricks, and the general appearance is one of austerity. Princes street is one of the most beautiful avenues in the world. The famous castle perched on a high rock was closed to visitors. The regular troops had been sent away and their places taken by Territorials—in fact, concentration camps were being formed everywhere. We visited the Royal Infirmary and spent the morning attending clinics by Mr. Wade and Prof. Alexis Thompson. The operating-rooms had been very much improved since my visit in 1906, and though not large, were entirely modern and well equipped. There was, however, nothing of especial interest done in an operative way; an osteotomy and hydronephrosis by Mr. Wade and a radical hernia operation and amputation by Dr. Thompson. The work was neither better nor worse than one can see daily in almost any American clinic. Holyrood Palace, the home of Mary, Queen of Scots, is still in good preservation and with much of the furniture used by her still there. It was here that David Rizzio was stabbed, and a star set in the floor marks the spot where he died. Holyrood Abbey, adjoining the palace, is a complete ruin, though the tombs of many of the most illustrious Scottish families are in good preservation within its walls. Cromwell is accused of having destroyed this fine church. The present

King, George V, wished to restore the abbey, but it was found that the walls would not stand a roof. On August 12 we made a delightful trip through the Trossachs, made memorable by Sir Walter Scott in his "Lady of the Lake." Leaving Edinburgh by the Caledonian Railway we crossed the Firth of Forth on the long and lofty Forth bridge, where we had the opportunity of viewing many warships rendezvoused in the stream almost beneath us as we crossed the bridge. Continuing through typical Scottish scenery we came to Stirling, where its grim castle, rich in historic associations, was seen perched on its precipitous hill. We had no time to linger here, much as we would have liked to do so, but proceeded to the village of Aberfoyle, where we took coaches for the trip through the mountains. The hillsides were almost devoid of trees and were covered with bracken and heather in wild profusion. As we ascended the mountain we were met and followed by numbers of ragged, dirty, bareheaded and barefooted boys, who implored us to buy a bunch of heather, and when you purchased one bunch, in a few minutes you heard the plaintive cry again, "Heather, buy heather, please." This was kept up for miles, when we came to a settlement where there was another group of equally dirty and ragged children, mostly girls, who did not even offer to sell, but implored equally as plaintively as the others, "Penny, please; please drop a penny." After quite a long coach trip we came to Loch Katrine, a beautiful lake, resembling much some of those in the Glacier National Park in Montana. Here we saw the little island, now known as Ellen's Isle, the safe refuge of Ellen Douglas, as described by Sir Walter Scott. A delightful steamboat ride brought us to the end of the lake, where we again took coaches, and after a pleasant ride came to Loch Lomond. I was much surprised to find these highlands almost devoid of population. I had supposed there was a teeming population of hardy mountaineers, but except at the hotels and resorts that were scattered here and there I saw no evidence of inhabitants. At one place we did see a man in tartan plaid making most melancholy sounds with a bagpipe by the roadside, who hoped to catch a few pennies from the wayfarers. Loch Lomond is larger than Loch Katrine and is equally as picturesque. We here took a steamer, quite a large and excellent boat, down the lake. A large number of tourists were passing

through the mountains, some in coaches and some on foot, and the boats were crowded. The English and Scotch people love outdoor life and are great pedestrians, both men and women, and this accounts for their hardihood and readiness for almost any enterprise. From Loch Lomond we took train to Glasgow. Glasgow is a huge, ugly commercial city, and a short sojourn is usually sufficient. We spent one night here and made some purchases the next morning, and then took our departure for Liverpool, where we found the hotels filled to bursting with Americans waiting to take passage home. Thirty-six hours later we embarked on the American ship *St. Louis*, and after a good but crowded voyage reached New York safely in seven days.

The Surgeon-General of the Army announces that preliminary examinations for appointment of First Lieutenant in the Army Medical Corps will be held on January 11, 1915, at points to be hereafter designated.

Full information concerning these examinations can be procured upon application to the "Surgeon-General, U. S. Army, Washington, D. C." The essential requirements to secure an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of Doctor of Medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training as an interne after graduation. The examinations will be held simultaneously throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

In order to perfect all necessary arrangements for the examinations, applications must be completed and in possession of the Adjutant-General at least three weeks before the date of examination. Early attention is therefore enjoined upon all intending applicants. There are at present 20 vacancies in the Medical Corps of the Army.

Dr. Robert E. Abell, class of 1912, who has been residing at Maryland avenue and Preston street, this city, has taken up his residence in Chester, S. C., where he has begun private practice.

THE HOSPITAL BULLETIN

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, NOVEMBER, 1914.

"'TIS NO TIME FOR MOONING."

Dreaming in its place is a good relaxation, but air castle building as a rule availeth but little. We at the University of Maryland have for a hundred years and a little more been building air castles and mooning about the greatness of the institution. Perhaps some fifty years ago such practices were all right, but today is a practical age, and if we are to go ahead and make substantial progress we will have to forsake the calf paths of our predecessors and strike out, else the whirlpool will engulf us. "'Tis no time for mooning." We either have to go forward, else retrograde. There is no standing still. One way in which to go ahead is to procure a Board of Regents absolutely independent of the teaching forces.

"FREELY HAVE YE RECEIVED, FREELY GIVE."

In adversity we run to those who have traversed safely the thorny byways with which we are beset. In fact, we demand of them the desired succor, but in prosperity we are prone to forget the Scriptural injunction, "Freely have ye received, freely give." Often, indeed only too often, complaints come to our ears, "What do we owe the University of Maryland? Did we not pay for all we got?" In one sense, yes; in another, no. No tuition is sufficiently adequate to

pay for the means of being put in the way of earning your life's sustenance. It is absolutely impossible to conduct a medical school on tuition fees alone, therefore every University graduate is indebted to the generosity of the institution from which he graduated. So, as your school has in the time of your fertilization lavishly bestowed upon you all her treasures, you should on your part freely give to her.

THE PATHOLOGICAL ENDOWMENT FUND.

CONTRIBUTIONS BY CLASSES.

1848.....	\$50 00
1864.....	20 00
1868.....	10 00
1871.....	35 00
1872.....	91 84
1873.....	516 83
1874.....	5 00
1875.....	5 00
1876.....	120 00
1877.....	10 00
1880.....	5 00
1881.....	255 00
1882.....	310 00
1883.....	40 00
1884.....	40 00
1885.....	235 00
1886.....	100 00
1888.....	50 00
1889.....	100 00
1890.....	200 00
1892.....	150 00
1893.....	40 00
1894.....	135 00
1895.....	155 00
1896.....	52 00
1897.....	80 00
1898.....	115 00
1899.....	120 00
1900.....	230 00
1901.....	280 00
1902.....	355 00
1903.....	375 00
1904.....	135 00
1905.....	220 00
1906.....	250 00
1907.....	120 00
1908.....	150 00
1909.....	65 00

1910.....	75 00
1911 Terra Mariae.....	3 50
1912 Club Latino Americano.....	25 00
1913 Club Latino Americano.....	30 00
1913 Adjunct Faculty.....	29 85

Total to November 1, 1914.....\$10,950 02

NEW SUBSCRIPTIONS IN OCTOBER.

Lawrence Kolb, 1908.....	\$15 00
Herbert J. Rosenberg, 1908.....	10 00

Total.....\$25 00

Faculty of Physic Fund to Nov. 1....\$20,873 63

CORRESPONDENCE

It gives us great pleasure to publish the following account of Professor Zueblin's experiences in Europe during the past summer:—

When, on the 15th of July, I left Baltimore on the steamer Koenigin Louise, I was unaware that on my return I should leave Europe under such dreadful war conditions, which developed shortly after my arrival at Bremen on the 25th of July. The sea trip, the quiet dolce far niente on board, the pleasant company encountered among the passengers proved to be a great relaxation and enjoyment after the stifling heat and humidity of the summer climate of Baltimore. Whilst still in the channel, the wireless reports told us of Austria's ultimatum to Servia and also of the political support Russia offered to the latter nation. According to the general impression there it was hoped that the conflict would remain localized and there would be no general European war. After a day's sightseeing in the quaint old free city of Bremen, including the Rathskeller, Essighaus, the cathedral and many other interesting monuments of wonderful gothic and renaissance style, I was anxious to see Hamburg, accompanied by my friend Dr. H. K. Dunham from the University of Cincinnati. After the arrival in that city on the Elbe we proceeded to the Eppendorfer Hospital, an institution of 3000 beds, owned and controlled by the State. The impression received from that institution speaks in favor of the efficient work accomplished there as a model hospital for modern medical treatment. A report of our visit there may be the subject of another paper, which may be of interest to the medical practitioner and clinician. The first

indications of trouble were met with when the sailing of the steamer Vaderland was countermanded. Hundreds of Americans were seen before the traveler agency of Cook's & Sons, and they were massing before the big office building of the Hamburg American Line. Instead of all information the laconic answer was given that for the time being the steamer could not leave the harbor. Hundreds of Americans were seen before and in the office of the American Consul, to whom the difficult task was left to quiet the excited minds of the many inquirers who were anxious to leave the country before their means would be exhausted. Whilst during the next few days no definite news as to the outcome of the Emperor's correspondence with the Russian Czar were given out, everybody was under the impression of most important decisions pending in the political world. It was on Friday evening, July 31, that rumors of the possible mobilization of the army were circulated, and as a consequence therefrom the railway depots were already under military control. Nobody without a ticket was allowed to approach the station and no information as to the departure of trains could be obtained. Under such undecided conditions, and having failed to proceed farther north to meet relatives then stationed on a seashore of the North Sea, I preferred to go south as quickly as possible, to pass the Swiss border line. Early on the 1st of August, and after having spent four hours in the depot looking for my trunk, I passed the sentinels guarding the tracks and was lucky to get into a car which was crammed with soldiers, officers and travelers of all descriptions. One was glad to stand in the corridor of the cars and so to get away from the city in which so much excitement and confusion prevailed. Instead of the ordinary schedule, the trains left at any time. It took me 10 hours to reach Braunschweig, a distance which under ordinary conditions could be made in four. At every station more soldiers and officers boarded, so the civilians were only in minority. In Braunschweig, where I intended to see the manufacturers of instruments of precision, I soon learned that all the factories had been closed, the employes being summoned to arms, so no orders could be accepted nor filled. I left the beautiful old city, with its old gothic buildings, early next morning, anxious to reach Frankfurt-on-the-Main. The train passed through the beautiful green valleys and forests of Harz. Everything looked so fresh

and beautiful, and contrasted with the war spirit expressed by the many soldiers which crowded the cars. It was about midnight when the long train reached Frankfurt. The station here was under complete military control. Rumors passed of the raid made on Russian spies that had been caught in the Hotel Russian Court, and where the proprietor had suffered considerable damage by the excited mob, so that the owner thought it more profitable to change the name of his place into that of the German Emperor. In this city the military control was complete, and in order to obtain some mail I had to spend several hours in seeing the different commanders to whom the census work was assigned. Conscious of the fact that the last chance to gain the border of Switzerland expired at 6 P. M. on August 3, I was glad to find accommodation in the last train that was going south. There were a good many strangers anxious to leave for a neutral country, besides many soldiers and high officers. The mobilization was in full swing, and at every station the passing soldiers were greeted by the applauding public. Along the platforms, wherever the train stopped, the ladies served refreshments to the soldiers. The nearer south we came the more the military character was emphasized; sentinels with their guns in readiness for action patrolled the compartments of the cars, whilst the papers of the passengers were examined. There was a great deal of talk as to the cause, the outcome of the war, and already rumors circulated that some of the French troops had passed the border line and were engaged in the fight. Strict orders had been given that nobody was to look out of the windows, the blinds of which were pulled down. Anyone breaking this order and caught by the sentinel was to be shot instantly. Late in the afternoon our train reached the end station at St. Ludwig, about two miles from the Swiss border. As the rails of the track had already been torn away, and the communication with Switzerland rendered impossible, the remaining distance had to be made by walking; the passengers had to leave the train and show their papers to the German and Swiss soldiers. At that time I had with me only the first naturalization paper and a letter of credit. In producing the latter the soldiers did not fully understand the meaning of that paper, and I was allowed to pass without further difficulty. We were permitted only hand luggage, carted by means of a wheelbarrow, which a little

boy offered for rent. Having passed several sentinels, we finally reached the border line, where, after a new inspection, we could enter Swiss soil. Swiss soldiers were seen controlling the railroads, but traffic was not greatly interfered with. In a few hours of travel I reached my home town, St. Gall, where also, on account of the general mobilization, all the factories were closed and all business at a standstill. During the first few days of mobilization and on account of the uncertain war conditions it was impossible to have any checks cashed, even influential people who had most of their money with the banks were also in difficult straits and could weekly draw only a very small amount of cash. The American relief committees, which were formed very rapidly, proved a great benefit to American citizens. It must be highly acknowledged that they took the initiative to provide for their American travelers. The American consuls furnished ample information as to the available means of reaching the coast so as to get away from the war zone as early as possible. At a given time the general order was to leave the country as soon as possible, mostly by Holland or by France. Meanwhile the railway service was reduced to a few trains, which were started every two hours during the day, which stopped at every little place and so rendered travel very slow. After a stay of a few weeks at my home, I preferred to follow the consuls' suggestion and to attempt to reach the French coast as early as possible. With a few American friends I started from Zurich early in the morning and was well provided with food, which was carried in a knapsack, as we were told that in France there would be little possibility of getting any food on the trains. The distance from Zurich, about 180 miles, which under ordinary conditions could be made in about seven or eight hours, was reached after 14 hours. A few hours of rest at Geneva were very welcome. There were two trains for Paris, and on account of the rush of Americans, who were anxious to reach England, they were exceedingly crowded and people were standing in line for three and more hours in order to get a seat. About 4 A. M. we stood waiting for the train which was to leave at 6 A. M. The morning mist just began to lift from the beautiful glen of the Rhone river when we left Geneva, and it was a wonderful sight to watch the sun rising behind the abrupt mountains. At Bellegarde custom revision and careful examination of the pa-

pers was gone through. Before leaving Switzerland, through the courtesy of the American consul, I had obtained a paper which served as provisional passport, which, legalized by the French and Italian consuls, was to save me from trouble in passing the custom and other officers. From Bellegarde we moved in a northwesterly direction to Amberieux, where several hours were spent in waiting for another train. The country, with its beautiful blue mountains, the fertile slopes of which were covered with vines, was a wonderful sight, and it could be hardly realized that these regions were menaced by war and destruction. The track for Paris was said to be required for military trains, so after several hours of waiting it was decided to take a more southern route by Lyons. After a wild rush for a seat in the overcrowded cars, the train started for the south and passing by military camps and artillery transports, we finally reached Lyons. That beautiful city, with its stores closed, appeared almost dead. Many soldiers, also Zouaves, could be seen. A cablegram which we wanted to be dispatched had first to be taken to the military commander of the city before being accepted by the telegraph office. Late in the evening the train was to leave for Paris; all the cars were packed with Americans who were anxious to reach England. Some of the travelers who had hurried to the car were very much exhausted by their rush and by the fatigue and lack of rest. Finally the train started about midnight, and after a restless night's drive one was glad to watch the sunrise over the flat country. About 7 o'clock A. M. we reached Paris whose city life and traffic were greatly influenced by the prevailing war conditions. Similarly as in Lyons, most of the stores were closed, and with the exception of Americans, who also crowded the consul's office, hardly any strangers could be noticed. The morning and part of the afternoon were spent in getting permission from the prefect of police to leave the city, and in securing a permit to enter England. Late in the afternoon our party was ready to leave by a train for Boulogne on the sea. Here also a great rush was made for a seat in crowded and badly-ventilated old-fashioned cars, and slowly our train pulled out of the station, ready to stop every moment on the way and permitting the camping French soldiers to board the train in the request for newspapers. Most of these soldiers were no impressive sight. In their long large blue coat, rather untidy in their

general appearance, tired and badly nourished, they did not seem to be very enthusiastic about their present task. It was about 11 P. M. when Amiens was reached, where we had to wait for the train to take us to Boulogne. The night was dark and gloomy, and the trains constantly brought British soldiers from the coast, whose arrival was hailed by the French soldiers. The long trains loaded with the heavy guns, the booming noise of these heavy transports as they passed the big train hall created a gloomy sensation upon the traveler waiting for hours and hours on the platform. It was about 3 A. M. when a rush was made for the available seats in the overcrowded train. Crowded like sardines into a small box, the passengers and their hand luggage filled all available space. About 8 A. M. we sighted Boulogne, and one was glad to face the salt water again. A few hours later, after a careful control of our papers, we were allowed to board the little steamer, which safely brought us over to Folkestone. Through the beautiful green English landscape the train brought our party to London, where the war had not yet had any influence upon the busy life prevailing in the streets of this unique city. I was lucky to secure with my friends passage on the South Pacific liner Creole, a vessel which was expected to arrive in a few days from New York. The next few days were spent in sightseeing of this wonderful metropolis, and then the journey continued to Liverpool was only interrupted by a side trip to Chester, the quaint little English town, with its old remarkable buildings. Arrived at Liverpool, we saw the Creole lying in the harbor. Before we were allowed to board the tender a careful examination of all our papers was gone through. All German-sounding names had been picked out particularly, and several passengers not able to satisfy the inquisitiveness of the emigration office were held back and not permitted to leave on our steamer. Then for two more days our steamer remained at Liverpool for the proper accommodation of fuel, but after that, provided with the Stars and Stripes, we passed between the coast of Cornwall and Ireland and gained the open sea. It was certainly a great relief to have passed through the countries where such an enormous struggle is going on and to head for the United States and soon to greet American soil and to resume the work at the University of Maryland. The return trip on the Creole proved to be a great recreation.

Without any important event, the trip came to an end, and we again feel American soil under our feet, and could participate in the customs of this country. It is a pleasure to live in a free country, only interested in the peaceful progress and development of its great resources and of its great nation, that stands above the great fight which is to decide the superiority of the European nations at the end of this terrible war.

ITEMS

Dr. Charles E. Simon, class of 1890, is conducting private courses in clinical diagnosis at his laboratory, 1734 Linden avenue. Dr. Simon is recognized as an authority in his specialty, and has for a number of years been doing advance work along these lines. Herewith is a synopsis of the courses of instruction.

Wasserman Work.—This is conducted on Wednesdays and Saturdays. Reports are mailed on the same evenings, or will be forwarded by telephone or telegraph, as desired.

Physicians are requested to make engagements for their patients on the intervening days for the taking of the blood specimens, or, if preferred, vacuum tubes will be furnished, by the aid of which they may procure these themselves. The specimens may be sent by mail, and will remain in suitable condition for work for a number of days.

Diagnosis of Latent Gonococcus Infections by the Complement Fixation Test.—This work is likewise done on Wednesdays and Saturdays. Physicians may, if they desire, procure the blood specimens themselves as indicated above.

Examination of Cerebrospinal Fluid in the Diagnosis of Cerebrospinal Syphilis.—These examinations are likewise conducted on Wednesdays and Saturdays. The specimens should be procured on the days preceding, to which end special engagements should be made with Dr. Judd of my laboratory.

Preparation of Salvarsanized Serum and Treatment of Cases of Tabes and Paresis with Same.—This work is conducted by Dr. Judd by special engagement.

Examination of the Blood in Connection with Transfusion Work.—These examinations are made to ascertain whether the blood of the donor is suitable for the recipient.

Transfusion Work (according to the method

of Satterlee and Hooker).—This work is in the hands of Dr. Judd.

Partition of Nitrogen in Urine and Blood.—For the diagnosis of eclampsia, urea retention in Bright's disease, etc.

Abderhalden Work.—For the diagnosis of pregnancy, dementia praecox, obscure cases of Basedow's disease, etc. This work is carried on on Mondays and Thursdays, and, as in the Wassermann work, physicians may procure the necessary blood specimens themselves, specially constructed vacuum tubes being furnished on request.

Bacteriological Examination of the Blood.—For the diagnosis of typhoid fever, infections with the pneumococcus, streptococcus or staphylococcus. In this connection also physicians may collect their own specimens, large vacuum tubes containing the necessary culture medium being furnished for the purpose.

Preparation and Administration of Autogenous Vaccines.

Routine Examinations of the Blood and the Various Secretions and Excretions.

Medico-legal Work.—Including the biological and chemical examination of blood stains, the demonstration of adulterants in foodstuffs, the chemical examination of organs, etc. This work is conducted by Drs. Judd and Glaser.

Tissue Work.—Histological sections prepared and examined.

Special Courses of Instruction.

Dr. Simon was born in Baltimore September 23, 1866. His preliminary education was obtained in Germany from 1872 to 1884. In 1888 he graduated from the Johns Hopkins University with the degree of A.B., and in 1890 from the University of Maryland Medical School with the degree of M.D. He served as assistant resident physician at the Johns Hopkins Hospital from 1890 to 1891; attended the hospitals in Paris from 1891 to 1892; was professor of physiology, histology and clinical medicine at the Woman's Medical College, Baltimore, from 1894 to 1895. He founded the American Society of Gastroenterology, and is the author of "A Manual of Clinical Diagnosis," the first edition of which was published in 1896; also of "Physiologic Chemistry." He is a specialist in digestive and nutritional diseases.

Dr. B. Merrill Hopkinson was one of the speakers at a complimentary dinner given to Dr. Har-

vey W. Wiley at the University Club, Washington, Monday, October 19. Dr. Hopkinson's topic was "Teaching Oral Hygiene in Professional Schools." The dinner marked Dr. Wiley's inauguration as president of the National Oral Hygiene Association and also his seventieth birthday.

The Kent County Chapter of the Eastern Shore Society was entertained on the evening of October 21 at the home of Dr. J. B. Schwatka, class of 1882, of 822 W. North avenue. Dr. Schwatka was elected vice-president of the Society. There were about 20 members of the Society present.

Dr. Henry F. Hill, class of 1877, of 1001 Edmondson avenue, accompanied by one of his friends, has been on a hunting trip in Montross, the county-seat of Westmoreland county, Virginia. This is a hunting trip that Dr. Hill takes annually. Last year he and his friend shot nearly 600 quail.

Dr. Frank E. Fox, B.M.C., class of 1901, is Mayor of Fulton, N. Y. He resides at 241 Cayuga street.

Dr. Camillus P. Carrico, class of 1898, who has been living at Cherry Hill, Md., has moved to Elkton. His present address is Elkton, Md., R. F. D. No. 5.

Dr. Moses L. Lichtenburg, class of 1912, who has been temporarily serving as chief resident physician of the Jewish Home for Consumptives, Reisterstown, Md., has been appointed to the gynecological service. He succeeds Dr. James A. Duggan, class of 1912, resigned.

The fall meeting of the Montgomery County Medical Association was held at Olney, Md., October 20, with about 30 physicians in attendance. Dr. John Latane Lewis, class of 1888, of Bethesda, the new president, presided and delivered an address. Other addresses were delivered by Drs. Edward Anderson, class of 1875, of Rockville, and Jacob W. Bird, class of 1907, of Sandy Spring. Following the meeting a luncheon was served by the members of the Women's Christian Temperance Union of Olney.

Dr. W. Arlett Parvis, class of 1905, of Socorra, N. M., a former Baltimorean, who left here in

July to attend the Medical and Surgical Congress in London, has arrived from England, after many thrilling experiences during the war excitement in that country and France.

Unlike most Americans, he decided to remain and take several courses in the English hospitals. Later he visited France and was thrice held up and examined by the military authorities in France. Dr. Parvis witnessed the preparation for the defense of the French capital, and also saw the mobilization of the English Army. He says that the people of England were in dread of German bombs dropped from aerial fighters, and also feared that if the Allies were worsted in France the British Isles would suffer an invasion by the Teutonic hosts.

Among recent visitors at the University Hospital were the following: Dr. Michaels, Frostburg, Md.; Dr. Guy Steele, '97, Cambridge, Md.; Dr. J. N. N. Osborne, '09, Washington, D. C.; Dr. J. F. Byrne, '10, B. & O. R. R. surgeon, of Newcastle, Pa.; Dr. George C. Coulbourn, '10, Marion Station, Md.; Dr. Peter P. Causey, '97, Wilmington, N. C.; Dr. W. H. Toulson, '13, Bay View Hospital; Dr. H. Rosenberg, '08, Atlanta, Ga.; Dr. S. J. Price, '09, Queenstown, Md.; Dr. T. H. Legg, '07, Union Bridge, Md.; Dr. A. J. Crowell, '93, Charlotte, N. C.; Dr. W. E. Gallion, Jr., '12, Darlington, Md.

The annual meeting of the University of Maryland Medical Society was held in the Hospital amphitheater on the evening of October 20.

Dr. Randolph Winslow addressed the meeting, and recounted numerous interesting experiences of his recent European trip. He discussed also the work done by Sir Arbuthnot Lane, and traced his work up to the present time, which just now appears to be of such an advanced order that the average pathologist and surgeon fails to see the rationale of it. Mr. Lane tells us that the colon is the seat of most of the troubles of mortal man, and recommends its removal in a great number of cases. This he does with wonderful results, and with no apparent difficulty. If it is not necessary to remove the colon, then about the only therapeutic measure advocated by him is the almost unlimited use of liquid paraffine. And this must be of the Russian variety, in Mr. Lane's opinion.

This eminent gentleman states that his observ-

ers are at liberty to draw their own conclusions. Since he apparently gets results, his critics must take no midway stand; they must not hedge. Lane says that he is either correct or insane. He wishes the public to decide one way or the other. His past work would not justify the last conclusion, although we cannot accept in their entirety Mr. Lane's teachings as regards the colon, as being the principal etiological factor in all pathological conditions.

Dr. Frank Martin reviewed his extensive observations made in a great number of clinics. He spoke from the painstaking notes jotted down at the time of his visits to each clinic, and compared the work of the various surgeons. The conduct of the clinics, the technique of the various celebrated operators and their methods of work proved intensely interesting.

Dr. Albert H. Carroll, class of 1907, was re-elected president of the Medical Society, and Dr. J. Howard Maldeis, class of 1903, secretary for the coming year.

An informal reception was tendered to the members of the society and to the Senior and Junior classes of the Medical School, in Davidge Hall, immediately after the meeting.

Dr. Ernest C. Lehnert, class of 1904, of 1419 E. Eager street, who has been a patient at the Church Home and Infirmary, suffering from an infection, is much improved.

Dr. William J. Steward, class of 1904, is the chief physician of the Eastern Pennsylvania State Institutions for the Feeble-minded and Epileptic at Spring City, Pa. He was formerly located at 302 W. Orange street, Lancaster, Pa.

Dr. D. C. Absher, class of 1909, is at present engaged in public health work in Red Spring, N. C.

After having spent two and one-half years as a member of the staff of the Pontiac State Hospital, Dr. C. A. Neafie, class of 1909, has begun private practice at Pontiac, Mich.

Dr. B. Merrill Hopkinson and Miss Marguerite Wilson Maas, the young Baltimore composer-pianist, who has been studying in Berlin for the past years, gave a recital on Thursday evening, November 5, at Lehmann's Hall. The occasion marked the American debut of Miss

Maas, who is about to engage upon a professional career. Dr. Hopkinson has for years been a leader in local musical circles. He has a very pleasing baritone voice. Among his selections were Damrosch's "Danny Deever"; "Autumn Gold," by Miss Maas, and a number of varied selections of songs, ranging from Handel to Richard Strauss. Probably the most popular was "Heimkher," by Strauss. The entire program was delightful and very much enjoyed by an appreciative audience.

Dr. Thomas Fell is retaining his position as provost of the University of Maryland and president of St. John's College by consent of the Board of Visitors and Governors.

Miss Pearl Weaver, University Hospital Training School for Nurses, class of 1914, has been appointed secretary of Associated Charities of Asheville, N. C.

Dr. G. Milton Linthicum and family have closed their country home, Lyncrest, Linthicum Heights, and are at their city residence, 817 Park avenue.

Miss Lucy B. Squires, University Hospital Training School for Nurses, class of 1909, of 108 Ramsey street, Bluefield, W. Va., has been spending a few days in the city. Miss Squires was formerly located at 406 E. Duvall street, Jacksonville, Fla.

At the meeting of the Baltimore City Medical Society, held at 1211 Cathedral street, Wednesday, October 21, 1914, interesting addresses were made by Drs. Hiram Woods, class of 1882; Lee Cohen, class of 1895; Alexander D. McConachie, class of 1890, and H. O. Reik, class of 1891.

The semi-annual meeting of the Medical and Chirurgical Faculty of Maryland was held in the courthouse at Upper Marlboro, Md., October 28. The address of welcome was delivered by the president of the Prince George's County Medical Society, to which Prof. Randolph Winslow, president of the Medical and Chirurgical Faculty, replied. Interesting and instructive papers were read by Dr. G. Milton Linthicum, professor of diseases of the rectum and colon at the University; Drs. Arthur M. Shipley, class of 1902; Geo.

W. Dobbin, class of 1894, and William T. Watson, class of 1891. Drs. J. M. H. Rowland and Arthur M. Shipley served as members of the committee on arrangements.

Miss Katherine Shea, University Hospital Training School for Nurses, class of 1913, who spent her vacation at her home in Springfield, Mass., returned to the hospital November 1.

After several months' absence from the city, Miss E. Janie Guerrant, class of 1904, has returned to the Nurses' Club, 21 N. Carey street.

While attempting to crank his car a short time ago, Dr. William R. Eareckson, class of 1890, of Lawyer's Hill, Relay, Md., broke his wrist.

Dr. Joseph W. Holland, class of 1896, was elected vice-president of the Queen Anne's County Chapter of the Eastern Shore Society at a meeting of the chapter at the Rennert Hotel, November 2. He succeeds Dr. James Bordley, a fellow-classmate.

While answering a call to see a fictitious patient, Dr. Albert T. Chambers, class of 1898, of 1012 W. Lafayette avenue, had his automobile stolen. Dr. Chambers is a school commissioner. The automobile has since been recovered.

The Misses Colbourne, Roussey, Murray, Shelton, Ryan, Sprecher, Margaret Erwin, Zepp, Weber and Mrs. Hudnall, class of 1914, have taken the fall State Board examination for nurses.

Misses Elsie S. McCann, Margaret J. Ervin, Edith L. Ervin and Frances A. Shelton, class of 1914, are located at 1403 Madison avenue.

Dr. Reed A. Shankwiler, class of 1909, of Detroit, Mich., is spending some time as the guest of his mother, Mrs. L. J. Shankwiler, at her home at Forest Park. Dr. Shankwiler is superintendent of the Detroit Tuberculosis Sanatorium. He is one of our few alumni located in Detroit.

The following were recent visitors to the University Hospital: Drs. Benjamin R. Brown, Jr., class of 1907, of Cockeysville, Md.; Brooke I. Jamison, Jr. class of 1905, of Emmitsburg, Md.; Lawrence Kolb, class of 1908, United States Pub-

lic Health Service, of Ellis Island, New York; Luther S. Bare, class of 1905, of Westminster, Md.; Harry A. Cantwell, class of 1906, of North East, Md.; Joseph B. Seth, class of 1899, of St. Michaels, Md., and Roland R. Diller, class of 1910, of Detour, Md.

We are in receipt of the following letter from Dr. Emmett O'Brien Taylor, class of 1911, of Greelyville, S. C.:

"Greelyville, S. C., Nov. 3, 1914.

"Dr. Nathan Winslow,

"Editor Hospital Bulletin,

"Baltimore, Md.:

"Dear Doctor—I presume that 90 per cent. at least of the graduates of 1911 subscribe to the BULLETIN, and I presume the remaining 10 per cent. would accept a sample copy "gratis" and read it.

"My idea is as follows: Our class of 1911 did not make a very creditable showing or subscription to the Endowment Fund, and I want to make this as a suggestion—that each and every member of the above-named class make the small donation of one dollar to the said fund, thereby redeeming ourselves, and at the same time adding considerably to the cause, also paving the way for the other classes. So, come across, 'boys.' Get the old college spirit at heart and make this little donation.

"Now, Mr. Editor, if you need a stick to stir the boys, I'll furnish a stick and do the stirring. I would suggest that you let this little stirring come out in your next edition, sending each and every member of the class of 1911 a copy, and, if you think it necessary, have your stenographer drop them a card calling their attention to this article, if meeting with their approval, to please make donation not later than December 15, 1914.

"A class most to be admired is one that succeeds in spite of h—l, and that one is 1911."

"Now, doctor, if you think this worthy of publication, do so, and if I can be of any assistance to you, call upon me. Just to see what persevering will do, look what the citizens of Charleston, S. C., did. They went to work and within a few weeks raised a \$75,000 public subscription for the erection of a new medical building; same is now completed, and only recently became a State institution.

"Yours very cordially,
(Signed) EMMETT O. TAYLOR."

Appended is a list of the members of the class of 1911, with their addresses, as nearly as we are able to ascertain:

- Edward G. Altvater, unable to locate.
 Burt Jacob Asper, Towson, Md.
 Henry B. Athey, 200 N. Patterson Park Ave., Baltimore, Md.
 Walter C. Bacon, 100 E. 20th St., Baltimore, Md.
 Mordecai L. Barefoot, Dunn, N. C.
 Frederick L. Blair, 444 Broadway, Providence, R. I.
 Buchler S. Boyer, Parkersburg, W. Va.
 Archie E. Brown, Greenville, S. C.
 Ernest S. Bullock, 309 N. 4th St., Wilmington, N. C.
 William L. Byerly, 1225 Maryland Ave., Baltimore, Md.
 Samuel H. Cassidy, Keyport, N. J.
 Belton D. Caughman, 3516 Main St., Columbia, S. C.
 Henry D. Causey, Gypsy, W. Va.
 Herbert A. Codington, Bayview Hospital, Baltimore, Md.
 James E. Diehl, Trenton, N. J.
 Richard C. Dodson, Waycross, Ga.
 Louis H. Douglass, 4025 Greenmount Ave., Baltimore, Md.
 Charles L. Dries, Eshbach, Pa.
 William J. Durkin, Kings County Hospital, Brooklyn, N. Y.
 James J. Edelen, LaPlata, Md.
 Joseph B. Edwards, Saluda, S. C.
 Otto Fisher, Medley, W. Va.
 Jacob J. Greengrass, Paterson, N. J.
 Isidore I. Hirschman, State Sanatorium, Md.
 Abraham L. Hornstein, 733 Aisquith St., Baltimore, Md.
 Grover L. Howard, Prestonburg, Ky.
 John T. Howell, State Board of Health, Columbia, S. C.
 Raymond G. Hussey, State Sanatorium, Maryland.
 Jose E. Igartua de Jesus, Porto Rico.
 Kenneth B. Jones, Bayview Hospital, Baltimore, Md.
 Charles H. Keesor, Wheeling, W. Va.
 Charles E. Kernodle, Elon College, N. C.
 Charles R. Law, Jr., Berlin, Md.
 Samuel E. Lee, Waycross, Ga.
 Frank Levinson, 21 N. Broadway, Baltimore, Md.
 Willis Linn, Wilmington, Del.
 Paul P. McCain, Aberdeen, N. C.
 Lawrence E. McDaniel, Rocky Mount, N. C.
 Isaac M. Macks, 1713 E. Baltimore St., Baltimore, Md.
 Manuel E. Mallen, Santo Domingo.
 William C. Maret, Boston Consumption Hospital, Boston, Mass.
 George Y. Massenburg, Panama City, Panama.
 John G. Missildine, Parsons, Kans.
 Allen T. Moulton, Carney Hospital, Boston, Mass.
 Adolph Mulstein, 4 Willett St., New York, N. Y.
 Walter S. Niblett, Hillsdale, Md.
 Elijah E. Nichols, Pikesville, Md.
 Vernon L. Oler, Liberty Heights and Woodbine Aves., Baltimore, Md.
 John Ostro, Wilmington, Del.
 James E. Quigley, Adrian, Pa.
 Themistocles J. Ramirez, Porto Rico.
 Stanley H. Rynkiewicz, Kingston, Pa.
 Harry B. Schaeffer, Shillington, Pa.
 Charles L. Schmidt, 1617 E. Chase St., Baltimore, Md.
 Dallas C. Speas, Bethania, N. C.
 Louis Stinson, Jacksonville, Fla.
 Joseph Stomel, 2232 S. Franklin St., Philadelphia, Pa.
 Emmett O. Taylor, Greelyville, S. C.
 Ralph L. Taylor, Davisboro, Ga.
 Joseph E. Thomas, Tirzah, S. C.
 Grafton D. Townshend, unable to locate.
 Ralph J. Vreeland, Clifton, N. J.
 Louis K. Walker, unable to locate.
 Charles S. Wallace, Dustin, Okla.
 Sydney Wallenstein, unable to locate.
 Charles A. Waters, Govans, Md.
 Albert G. Webster, Churchville, Md.
 Thomas Gay Whims, Lasker, N. C.
 Java Cleveland Wilkins, Haw River, N. C.
 Richard L. Williams, Houtzdale, Pa.

BIRTHS

Recently to Dr. Leo J. Goldbach, class of 1905, and Mrs. Goldbach, of 2217 E. Pratt street, a daughter—Julia Gertrude.

To Roger Brooke, Jr., B. M. C., class of 1900, Major, M. C., U. S. A., and Mrs. Brooke, Octo-

ber 18, 1914, a son—Roger Brooke, 3d. Major Brooke is stationed at the Presidio, San Francisco, Cal.

MARRIAGES

Dr. Ernest Howard Gaither, B. M. C., class of 1905, of the Latrobe Apartments, was married to Miss Elsie Carola Langrall of 312 Oakdale road, Roland Park, November 4, 1914. The ceremony was performed at the home of the bride by the Rev. Frank Isaac, pastor of Franklin Street Methodist Episcopal Church. The bride, who was given in marriage by her father, was gowned in ivory satin, combined with tulle and lace, and her tulle veil was arranged in the Dutch cap effect, with a chaplet of orange blossoms. She carried a bouquet of lilies of the valley. A reception followed the ceremony. The house was decorated with palms and flowers, and an orchestra played during the evening for the dancing on the porches, which were enclosed for the occasion. Dr. Gaither, who is assistant to Dr. Thomas R. Brown at Johns Hopkins Hospital, and his bride left later in the evening for a wedding journey.

Dr. Herbert C. Blake, B. M. C., class of 1905, of 1014 West Lafayette avenue, was married to Miss Helen Niely of Paradise, Catonsville, at 3 o'clock Saturday afternoon, November 14, at the home of the bride. The ceremony was performed by the Rev. Dr. Eugene Blake, president of the Martha Washington College, Abington, Va. Immediately following the ceremony, which was witnessed only by the immediate families, the bride and groom left for a Northern trip. Upon their return they will reside at 1014 West Lafayette avenue.

DEATHS

Dr. Joseph E. Beatty, class of 1861, of Loch Raven, Md., died at a sanatorium outside of Baltimore October 13, 1914, aged 75 years.

Dr. Beatty was born in Frederick, Md., July 11, 1839. He was the son of Asfordby Philip and Sarah Trapnell Beatty. After graduation from the old Frederick College he read medicine with Dr. Ritchie until the latter's death, when he continued his studies under Dr. William Waters. In 1859 he entered the University of Maryland, con-

tinuing his studies with Dr. Poole of Poolesville, Montgomery county, until his graduation at the head of his class. A few months later he was one of two out of 27 who passed the United States Army Board.

Commissioned assistant surgeon of the Second Maryland Regiment, United States Infantry, and later regimental surgeon, with the rank of major, he served throughout the Civil War, being present at all the battles and skirmishes in which his regiment participated, and was once severely wounded. After the war he settled in Frederick county as a country practitioner and successfully practiced until 1902, when he retired and removed to Baltimore, his wife, who was Miss Emily Trapnell, having died in that year. He was a member of the Medical Association of Frederick County and of the Medical and Surgical Faculty.

He is survived by a daughter, Mrs. Paul S. Heffleman, of California, and a son, P. A. Beatty of this city.

Dr. S. Butler Grimes, class of 1897, of 101 Longwood road, Roland Park, Md., died suddenly at the home of his father, Dr. John H. Grimes, 2100 Maryland avenue, October 26, 1914, aged 39 years. He is survived by a widow and two children.

Dr. Ernest J. Waddey, class of 1891, of Waterloo, Ia., a Fellow of the American Medical Association, a charter member of the Waterloo Medical Society, and once president of the Black Hawk County Medical Society, district surgeon of the Illinois Central system and a member of the Board of Commissioners of Insanity of Black Hawk county, died in St. Francis' Hospital, Waterloo, October 14, 1914, from organic nervous disease, aged 47 years.

Dr. William James Lumsden, class of 1869, a Fellow of the American Medical Association, a Confederate veteran, formerly secretary of the Medical Association of the State of North Carolina, for more than forty years a practitioner of Elizabeth City, N. C., one of the most beloved physicians of Eastern North Carolina, died at his home October 14, 1914, from cerebral hemorrhage, aged 68 years.

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EUGENICS IN MEDICAL EDUCATION.*

By ERNEST ZUEBLIN, M.D.,
*Professor of Medicine at the University of
Maryland, Baltimore, Md.*

Gentlemen—On my entrance into the amphitheater in seeing you gentlemen so numerous assembled, I wish to welcome every one of you to the clinical work in medicine. The sight of you reminds me of my own experiences many years ago, when I was allowed to take up the practical studies in clinical medicine. Different reasons may account for the importance of this hour. First of all, in the course of medical studies we realize the influence of a change from the absorption of theoretical knowledge to the acquisition of practical learning. As in the making of cloth, the warp is interwoven by the threads, so theoretical science has to become blended with sufficient practical, personal knowledge before the student has reached the point to be enlisted among physicians. All of you gentlemen, I suppose, are anxious to start upon your practical training; you are anxious to acquire by your good work the qualifications necessary for a medical doctor. In any path of life we may remember the sign at a railroad crossing, stop, look and listen, and so at the beginning, gentlemen, let us in our work of every day as teacher and pupil remember that we cannot depart from the eternal law of cause and effect. More than in any other profession, the physician's success depends not only upon his professional knowledge and practical experience, but

the doctor, called upon to deal with human sufferings, must be able to understand and help the psychic and social needs of the patient as well. So frequently in daily practice are we reminded of the urgent bread and butter question that our enthusiasm fails where for our painstaking no financial return can be expected. The question arises, shall we consider the practice of medicine from an economical standpoint only, or is it possible to add something more valuable to our work, namely, the satisfaction of having done everything possible for our patients? If we make our success dependent only upon a figure expressed in dollars and cents, if we allow the financial item to be the main issue, the time will come when we cannot reap all the satisfaction that a noble vocation is able to give its adherents. As mentioned, the physician's career is dependent upon the education obtained prior to his entrance at the university. In a democratic country like ours, where there is ample opportunity for every man to ascend the ladder of professional distinction, we should not forget that medical training gives us also social requirements, good manners and tact. These qualifications are of great importance in dealing with patients who are sensitive to the impression created by the physician in the sick room. I hope you will realize the importance of culture, and that you will also include refinement of your social qualities, of your character, of your ideals, so far as these traits may become helpful in your career as physicians. Although I presume that you are acquainted with the main part of the medical program which we are to follow in the course of our gatherings, at the beginning it is desirable to outline in a general way the course. In order to do a thing well, it is essential to reach a com-

*Address delivered at the opening of the Medical Clinic at the University Hospital, October 6, 1914.

plete understanding of all the factors which led to such a condition, and only then are we able to select the means for treatment. How this is done we will see presently. Are there different ways which lead to the same result? Of course there are, and the advantages of each must be studied most carefully. When in contact with chronic patients, who have sought help in other countries, we often must hear the praise of investigations applied for the recognition of their ailments. It is natural that our pride feels hurt in seeing that there is no prophet in his own country. But as every critic of our actions includes the means of our own progress, it is necessary to search how to take advantage of such information. We have certainly the means within our hands to do away with such criticisms by teaching our medical generation just the same way of thoroughness in investigation and understanding of the patient's condition. I am not repeating a platitude in telling you that thoroughness prevents you from going twice over the same ground. I know that this is not always easy; that it is not possible without your collaboration. If we compare the practice of bygone ages of the medicine man in the woods, who by a secret and mystic understanding administered to the needs of his patient with a still existing custom of some practitioners to give the patient a medicine in form of a pill or a colored fluid without a thorough anamnestic and physical examination, the results expected will not be satisfactory to the patient nor to the practitioner. So often the public and occasionally the medical colleague are under the old impression that the doctor as a seer of hidden conditions is able to accomplish wonders; that he as a learned man should be able to take away sufferings from humanity. From the extent of that power practiced would depend his reputation. The more a physician becomes experienced and tries to apply scientific measures to his methods, the more will he find it necessary to study the cases thoroughly before any conclusion is possible as to the extent, the curability of the disease. Sometimes it happens that a snapshot diagnosis, a name pronounced, satisfies the patient, his friends and the medical profession as well. My teachers who are recognized as authorities in medical diagnosis in many instances required several days, if not weeks, of intent study to arrive at a satisfactory conclusion. The search for truth must be an essential aim of our work, and if we cannot be absolutely certain of

our findings, golden silence is better than a hasty opinion. To judge from my previous work, you may be under the impression that I expect the students to accomplish work which seems to exceed the average requirement. If such should be the case, are there any special reasons, and what are they? They are the issue of a personal wish; they are the delicate buds of a hope that every year the University of Maryland will produce a set of men who in the course of the years will answer the highest standard of medical men in practical and scientific life—men whom we can be proud to name our own. Is it for the sake of imposing one's will upon others, to add new burdens to the tasks already imposed upon the student? Gentlemen, for the sake of efficiency of your professional medical training, let us not take a too low aim; let us do whatever is possible, whatever is good for your future. Do not follow the direction of least resistance; let us tackle and overcome the difficulties wherever they are by starting with a friendly way; not indifference or antagonism must, as a matter of course, be established among us. Where and whenever opportunity arises you must let me know if ever you have difficulties in understanding. I want to see you all successful in your studies, in your final examination here and before the State Board. You may not be aware of the present trend of the medical profession and the medical associations to work for a higher standard of education by a closer control of the college work so as to give the student first-class opportunities for study. The reputation of the different universities depends directly upon the proportion of failures and successes of the candidates who undergo the test of examination. We depend upon you to give the University of Maryland a name to stand side by side with our rivals. It may seem that the requirement of a test consisting of a few days' writings does not give each student an ample chance to qualify as a physician. Failure in some cases must be ascribed to the strain of excitement, although the candidate during the years of practical work furnishes sufficient evidence of efficiency.

After these preliminary remarks, let me discuss the methods by which we can obtain a satisfactory knowledge of the patient's pathological condition for which he applies to our professional knowledge and skill. Scientific, human, social interest for the patient must always be the guide

and must prompt our actions, even if the bread and butter question cannot directly be benefited. But you may rest assured that one patient well attended will bring you one new case, and so gradually you will build up your practice and reputation. The first step will be to collect in a written history all the facts, past and present, which are of interest in the given instance. Why is it desirable to write it down? For several reasons, even if we own an excellent memory, which will keep a good record of the facts related by the patient. A written record, accessible for later reference, for comparison of past and present changes in the patient's condition, will answer practical and scientific purposes. As a true picture of the details, of the causes which brought around the pathological manifestations, we may gather therefrom important hints for the prophylaxis or the treatment of the condition. Even in complex cases we may learn from the failures of other colleagues who may have overlooked certain features, and which errors are not so easily forgotten by the patient. The patient's way of telling us the story of his woe will occasionally allow us some conclusion as to his psychic personality, which in the course of suffering cannot escape certain changes. I am fully aware that you will encounter difficulties in obtaining histories from dull patients who by their lack of understanding of the importance of collaboration make you lose time. Accuracy in history taking is of the greatest importance. If you feel dissatisfied with the results obtained, don't be discouraged. As an unskilled player of a game only gradually reaches perfection, so in the mastership of these difficulties you will in the course of time become quite successful. In criticising your work it is not for the pleasure of fault-finding, but simply to assist you, and I am glad to emphasize the points in which you excel. Later on, as opportunity arises, we will discuss in collaboration with Professors Gordon Wilson and Streett the histories of the cases seen with the idea of helping you in your work. To the reasons given why a good history is of great help many others could be added. In the course of time you will understand it yourself, helped by practical demonstrations. I wish you to remember in the infectious diseases other lives are at stake if not preserved from exposure. In carrying out the prophylactic measures the patient's recollections as to how and when he first became aware of his sickness should

always receive full attention. In cases with impaired cardiovascular symptoms a careful history should not only furnish a report upon the recent manifestations, but also upon the frequency and severity of relapses. This will help us to judge the functional value of the impaired organ, and according to it we have to gauge our immediate and subsequent therapeutic measures. In instances where the excretory functions of the kidneys are at fault it is particularly important to collect besides the etiological factors the complicating causes which in their turn involve systems other than the kidney, viz., heart, nervous, digestive, respiratory. You should also include the details of dietetics in your inquiry, which in every case may influence the present and the future aspect. Such details cannot be dealt with in a superficial way. From every case you will see how differently each individual reacts to the same cause. It depends upon our own methods of work to make a case interesting and add more facts to the general knowledge of others.

Second in succession, but not less important, is the step of the objective verification of the patient's assertions, i. e., the physical examination. The way in which I see the physical diagnosis understood by you is an interesting psychological problem which in its varied expression partly reflects the personality and character of the student. If for practical purposes a carefully written history is important, for scientific purposes or for publication, they are absolutely necessary. Very frequently clinical records are wasted, as the histories are so incomplete as to prohibit publication. Though many brilliant discoveries have been made in medicine, there still remain other veiled pathological conditions that await solving, but for doing so your mind has to be directed, your interest has to be kindled, your enthusiasm has to be kept alive to the high aims in medical science and practice. Let me emphasize once more the cardinal virtues of the physician's work—thoroughness and endurance. To those who live under the impression that physical diagnosis is not an important branch, let me disillusion you. To those who are yet uncertain in the interpretation of the facts gathered, let me encourage you to continue and persevere in the conquest of your difficulties, so that our mutual work will prove a success.

Physical and laboratory diagnoses are very important phases for the making of a diagnosis; considered alone and independent of each other,

they resemble tools put into the hand of an untrained apprentice, who does not know exactly their purpose and their handling. Just as an architect is required to erect from the unformed mass of building material the beautiful structure we are to admire, so the physician in making his diagnosis must learn to utilize all the facts gathered. And if in the interpretation of the facts we have approached a conclusion, we have still to submit our statement to the test of differential diagnosis. This means the comparison with other diseases of similar clinical symptoms, but which are due to other causes which follow another issue than the disease of the patient under study. It is a difficult question to rule out all other possibilities. If in daily practice we are called in consultation with other colleagues it would occasionally seem as if no attempt had been made to use differential diagnosis at all or in an incomplete way, and that without such a lapse the case would have been recognized and more easily treated.

With the facts gleaned from the history, the clinical and laboratory findings, a diagnosis is obtained and prognosis given. Of course, in many instances we cannot always foresee the entire situation, and have to await future developments. In the mind of certain colleagues and students the fascination and interest seems to be centered upon the diagnosis. This is true to a certain extent only, and why? If we are interested only in the scientific label attached to human sufferings and neglect the individual requirements of the patient, gathering only from the pigeon hole of our memory such labels as fit any textbook case, we risk failing in our success. And then again we often find the practitioner who is interested only in the therapeutic side as to what prescription to give in such and such a case. History taking, physical examination, laboratory and diagnostic improvements have long ago or never had any importance with him, and since his graduation as the years pass by medical progress has failed to make any impression on him. Such a pitiful condition when found should not be tolerated. Medical treatment should be viewed from a broader angle. The pharmacological treatment is no more the only resource at hand. We are often too easily inclined to make light of the other factors which will and must influence our results. If our achievements are to be more satisfactory we have to attend to the cause and consequences of the disease, if necessary the sympto-

matic treatment. When the patient is on the way to recovery the prophylactic treatment, the gradual return of the patient from the sickroom to the ordinary daily life requires our consideration. If possible, the patient should be taught the reason why he has become sick; he should know how he can avoid the same injurious influences which caused his disease. Under better circumstances of hygiene and health he should take up the work left. Disease should be a teacher. Health is a factor often neglected, and if daily we err against the laws of hygiene and against the laws of nature, we wonder when finally our health will not stand any longer the strain of overbearing. For economical reasons we should watch our health condition, as an interruption in our work necessarily means a financial loss.

The treatment of the patient can be subdivided into pharmacological, physical, dietetic and psychic. With the first problem mentioned I presume you have become fairly well acquainted, and now you want to see how your theoretical knowledge stands the practical test at the bedside and in the dispensary. Taken as a whole, your results will not differ very much from the average, but right now I would like to remind you of the infinite variety of reactions observed on different individuals with the same dose of medicine and that under apparently identical conditions. For example, why is it that in one case of myocardial insufficiency digitalis should act well, whilst in a clinically identical case the same drug given in the same dose should not produce beneficial results? Why should another drug, strophanthus, be indicated? More and more you will recognize that the individuality of the patient himself plays an important role. More and more you will see that treatment refers not to a disease which answers in every way the textbook description, but that you have to treat in each case an individual affected with such and such a disease. Just as in educational work we hear the claims of education adapted to the individual, in medicine also we have to individualize our treatment. There can be no general schedule applicable to each and all cases, and that is why the same treatment in the hand of a skillful observer gives better results than when applied without discrimination and individual adaptation.

But pharmacodynamic treatment alone is not the only weapon in the fight against disease. In these days we have to consider the chances of

success offered by the physical means of treatment. Long before medical schools became interested, pseudo-medical men and quacks claimed to have obtained therapeutic results by means of hydro- electro- thermo- helio- mechano- radio-therapy. Experimental investigation has shown that the proper selection and application of these agencies can powerfully influence by acceleration or by inhibition physiological and pathological processes. The scale is infinite, and allows much variation, but the decision remains with the physician who has to know and to prescribe and judiciously apply these means. They can at least help and augment the drug medication; in some instances they may render pharmacodynamic treatment superfluous. This is to say that the physical treatment should be as well considered and applied as the drug treatment. A physician should not consider his knowledge finished when he leaves college, but always should be alive to new methods of treatment.

Dietetics is frequently a domain in which the physician prefers not to explain too much, still we know how important this problem is for securing and maintaining strength for the rapid recovery from wasting diseases. So it will be equally required that the medical student does not lack the necessary instruction in that line. Food and caloric values, digestibility, the proper preparation and selection of food in the given instance should be well remembered. The student and physician should be enabled to leave with the patient definite instructions to be carried out.

As a further and not less important item in medical treatment, we have always to consider the psychic condition of the patient. More and more we must be aware that during disease our patient's character has undergone important changes. Just as nutritive and other disorders may have influenced the varied normal processes, so by inhibition or acceleration certain functions have deviated from a normal direction. Usually we make light of the cases of neurasthenia and hysteria. As bothersome objects to medical treatment we are glad to transfer them to the neurologist, when in many instances with the sacrifice of a little more time a careful inquiry would not only reveal the psychogenic cause of the functional disorders, but also would have led to the detection of the proper way of treatment.

Gentlemen, in following these suggestions for treatment our task is not yet accomplished. There still remains the question to be solved how

are we to lead the patient back to normal activity, how are we to maintain him under the good results of the treatment, how will the patient be safeguarded against the relapses and complication of his disease? In the lack of after-care and supervision frequently the good results observed in the hospital vanish. It should be the ambition of the physician to direct charity in that direction, so that the still weakened but convalescent patient could recover his strength before being confronted again with the daily struggle of life.

Just these few remarks affixed as headlines to the medical instruction will show how interesting, how beneficial, the physician's work can be made. In the preceding remarks I principally had in view the practical questions. We are far from a science which would explain all our cases, and so many questions still await their solution, but with the want of more knowledge we must also cultivate the spirit for original research and point out to you the questions which should receive your attention as investigators. Medical diagnosis is from the scientific and practical standpoint a most important art, which must amalgamate with an extensive knowledge and experience in the allied medical sciences, and the varied therapeutics, which must be practiced in an intelligent and sensible way by a conscientious, thorough and sympathetic physician. If such principles as outlined will be followed by you, I feel that you as alumni of the University of Maryland will not only be an asset to the college, but an acquisition to the entire medical profession.

RESPIRATION FOR TONE-PRODUCTION.*

By F. VICTOR LAURENT, M.D., B. M. C. Class of 1908, Pittsburgh, Pa.

A great deal has been written of respiration in its relation to tone-production, but the writers almost invariably confine themselves to describing their method of inspiration and say very little of expiration, which is the all-important part to the singer. When we speak of control of the breath we mean controlling expiration. One can be quite easily taught to inhale properly, but it is the ability to control the muscles of respiration while producing tone that marks the artist. A German singer who came to me for

*Reprinted from *The Laryngoscope*, St. Louis, December, 1910.

instruction once said, "I can inhale all right, but I don't know how to 'outhale.'" This I have found to be the case with a great many singers, and this is one reason why many singers with fine voices never become great artists.

While in ordinary breathing expiration is entirely a passive return of the respiratory muscles to the normal, this is by no means true of the artistic type of breathing. For this one must gain such control of these muscles as will enable him to relax them very gradually in order to produce pure tone freely. It is of no particular value to be able to hold the breath for a full minute or to count up to fifty while exhaling; the practical value to a singer consists in the ability to sustain tones, to sing piano, forte, or mezzo-voce at will, without allowing any air to escape unvocalized. One who does not have this control will produce "breathy" tones, which is very inartistic.

It is true that there are singers whose natural voices are so beautiful that they succeed in spite of faulty methods of voice-production; but their voices do not last as long as they otherwise would; they have to take periods of rest, often having to cancel a good engagement, and sometimes have to undergo an operation as a consequence.

There are three types of breathing taught by singing teachers, called, respectively, inferior-costal, abdominal and diaphragmatic. Among the great teachers and famous singers there seems to be a singular unanimity of choice of the diaphragmatic type.

During the past 18 years I have studied with nearly every celebrated teacher in Europe, including Garcia, Lamperti, Sr., San Giovanni and Delle Sedie, with whom I was assistant for several years in Paris. These men taught diaphragmatic breathing as a matter of course, just as they taught the Italian method of singing, because it produced the best results, and that is why so many of their pupils became great artists, as, for instance, Jenny Lind, Sembrich, Albani, Nordica, Nilsson, Campanini, Del Puente, Santley, Tammagno, etc., and most of these artists have had extraordinarily long careers.

My own experience has also proven its value. I made my debut at the age of 18 as "Valentine" in "Faust," and during a period of 10 years, before I took up the study of medicine, I had developed a range of three octaves extending to high C, singing under all sorts of conditions the regular baritone repertoire of the Italian, French

and German schools, occasionally basso parts, and at times tenor rôles. At the present time my voice is as good as it ever was, and in the opinion of several of our best laryngologists in Paris, Berlin and Vienna, who recently examined my throat, my larynx is in perfect condition and the cords show absolutely no sign of hard usage.

I will give a brief explanation of the inferior-costal and abdominal types before explaining in detail what we call diaphragmatic, or artistic breathing.

The inferior-costal type, of which M. Sbriglia of Paris is the chief exponent, is explained as follows by Ballenger in his excellent work on "Diseases of the Nose, Throat and Ear" (page 503): "a. It is chiefly performed by the inferior portion of the chest walls and diaphragm. b. The upper abdominal walls also participate in the outward expansion. c. The inferior abdominal walls are maintained in a retracted position during inspiration and expiration. d. The upper chest walls are maintained throughout inspiration and expiration in the position assumed during deep inspiration," that is, the upper chest walls are distended.

I tried this method for one season, and while it made my voice lighter, I could not sing my high rôles as easily as before, and I found I was losing my low tones.

There are two forms of the abdominal type: In the first form, during inspiration the abdomen is protruded downward and outward, and during expiration the abdomen is compressed inward and upward. Those who teach this type of breathing say that the chest walls should not expand and they deliberately cut off the additional air that could be drawn into the upper part of the lungs. In the second form of abdominal breathing, the abdomen is retracted during inspiration and protruded during expiration. This is with the mistaken idea that the diaphragm is contracted during expiration. Mengozzi was an advocate of this type of abdominal breathing and advanced the following rules: 1. In speaking, the abdomen is protruded during inspiration and is drawn in during expiration. 2. In singing, the abdomen is drawn in during inspiration and protruded during expiration. Mandl published an article in the *Gazette Medicale* in 1855 in which he proved the absurdity of this method on anatomical grounds. He showed that the descent of the diaphragm is facilitated by the outward expansion of the anterior abdominal wall during inspiration.

The controversy as to which is the correct type of abdominal breathing hinges, therefore, on the action of the diaphragm. Is it contracted during inspiration or during expiration?

Drs. Boyce and MacLachlan, in a very able article on the action of the diaphragm in tone production in *The Laryngoscope*, April, 1910, have shown with the aid of the fluoroscope that it is impossible to sustain a tone while the diaphragm is in a state of contraction. (Nothing but an initiatory sound or staccato can be produced while the diaphragm is in this state.)

In this article they give an example of a clergyman who has had repeated attacks of hypertrophic laryngitis caused by this method of voice-production. I shall quote from this article, as it is a very good example of faulty voice-production. "When he speaks with his pulpit voice he makes his abdominal muscles very tense, and there is bulging of his abdomen sufficient to be easily observed visually. When he spoke a continuous sentence in the same tone, his diaphragm rose as steadily as in our other cases, but when he repeated the words with which the voice-teachers say he has trouble, his diaphragm would make a sharp excursion downward and promptly rebound again to a higher level and continue to rise until another explosive sound made it again rebound." Drawing their conclusions from this, they say: "We feel quite sure that the state of the diaphragm in expiration for voice-production or in passive breathing cannot be contraction, for it cannot be contracted and at the same time pushed up into the thoracic cavity." They also found from actual demonstration that "it was absolutely impossible to produce any continued sound without having the line of the diaphragm rise steadily in the thorax," thus proving that the diaphragm cannot be contracted during expiration. Any attempt to do this will prove not only a very inefficient means of producing tone, but will also cause straining of the upper chest walls, which causes an irritation of the mucous lining of the bronchial tubes and consequently an over-secretion of mucous which makes the voice husky and harsh.

In the diaphragmatic or artistic type of breathing we consider the diaphragm the principal muscle of respiration, and the ambition of the singer is to gain control of this muscle so that he can contract and relax it at will.

When in a condition of rest the diaphragm presents a domed surface, concave toward the

abdomen, and consists of a circumferential muscular and a central tendinous part. When the muscular fibers contract, they become less arched or nearly straight, and thus cause the central tendon to descend, and in consequence the level of the chest wall is lowered, the vertical diameter of the chest being proportionately increased. In descending, the diaphragm presses on the abdominal viscera, and so to a certain extent causes a protrusion of the anterior wall; but in consequence of these viscera not yielding completely, the central tendon becomes a fixed point, and enables the circumferential muscular fibers to act from it and so elevate the lower ribs and extend the lower part of the thoracic cavity.

When at the end of inspiration the diaphragm relaxes, the thoracic walls return to their normal position in consequence of their elastic reaction and the elasticity and weight of the displaced viscera.

Respiration, therefore, is effected by two different movements; the first, inspiration, is produced by the contraction and descent of the diaphragm and the dilation of the thorax; the second, expiration, in which the diaphragm relaxes and ascends and the thorax returns to its normal state. These two movements follow each other continually without interruption. Expiration provides the larynx with the current of air necessary to give vibration to the vocal tone, which finds its resonance in the oral cavity, the larynx, the nose and accessory sinuses.

To obtain this natural result in its full extent we must avoid discharging from the mouth, by a violent expiration, the air set in vibration. We must allow time for the vibrations to propagate themselves in the resonance chambers, so that each tone may be transmitted in all its intensity by the air which surrounds us, the mouth acting as a speaking trumpet. A tone should be propelled from the resonance chamber only by regular and successive vibrations, *i. e.*, by continuous sound; any movement contrary to this acoustic principle will unnecessarily fatigue and greatly impair the sonority, flexibility and mellowness of the voice. To emit the vocal tone spontaneously, the air must enter the lungs without any shock, and in such a way as to effect a complete average inspiration, so as to avoid an excessive dilation of the thorax. The excessive dilation of the thorax provokes the escape of uncontrolled air, and diminishes the resistance of the expiration which must always be slow

and sustained, and which is accomplished by allowing the diaphragm to relax slowly. Inspiration should be renewed before expiration is altogether accomplished. Thus the jerky movements of the inspiration which do not give the lungs time to absorb the ambient air will be avoided. To draw the air into the lungs, a sudden and vigorous inspiration is not necessary; the contraction and lowering of the diaphragm with the raising of the sternum is all that is necessary. This permits the lungs to expand and to absorb a quantity of air as a moist sponge absorbs the liquid to which it is approached. Too forcible inspiration causes immediate expiration, which gives a panting respiration.

To accustom one to the artistic type of breathing, I have found the following exercise very useful: Stand erect, with shoulders thrown back. Inhale through the nose, with the mouth closed, filling the lower part of the lungs by contracting the diaphragm which, descending, will exert a gentle pressure on the abdominal viscera. (The descent of the diaphragm is facilitated by pushing forward the anterior wall of the abdomen.) The contraction and descent of the diaphragm will cause the lower ribs to be pushed out, thus filling the middle part of the lungs. Then fill the upper portion of the lungs by raising the sternum and dilating the upper chest walls, at the same time drawing in the lower part of the abdomen. As soon as inspiration is effected, count in a low voice up to the number you can attain without completely exhausting the breath, holding the chest in a firm position and letting the diaphragm relax slowly. Be careful not to let any air escape between the articulation of numbers. When the air is entirely exhaled, relax the chest walls. Repeat this exercise several times in succession and the whole several times daily. This exercise will accustom one to control the respiration and the chest to moderate the outflow of air according to the demands made upon it by the selection being sung. Having once gained control of the muscles of respiration, artistic breathing becomes almost as automatic as ordinary breathing, and one seems to sing just as one talks.

SUMMARY.

1. With the inferior-costal, the two forms of abdominal and the diaphragmatic we really have four types of breathing.

2. Exponents of the inferior-costal, the first form of abdominal and the diaphragmatic types,

agree as to the contraction of the diaphragm during inspiration and its gradual relaxation during expiration.

3. The diaphragmatic type embraces the best points of the inferior-costal and abdominal types, thus giving the greatest breathing capacity and best control of the breath during tone-production.

4. The function of the diaphragm is inspiratory in both active and passive breathing.

5. In the exercises to gain control of the respiratory muscles, the speaking voice, and not singing voice, should be used.

6. The diaphragmatic type of breathing should be used not only by singers and public speakers, but by everyone, as it gives the greatest breathing capacity.

Jenkins Arcade Building.

REMARKS ON DR. CHEW, THE PHYSICIAN, BY DR. WM. S. THAYER, NOVEMBER 19, 1914.*

It is a great pleasure and a very great honor to be allowed to say a word tonight about Dr. Chew as a physician, for all of us who have practiced medicine with him in Baltimore feel for him a sincere respect and affection.

The son of a distinguished father who had graduated from Princeton and had been professor of practice at the University of Maryland from 1852 to 1863, Dr. Chew himself received the degree of bachelor and master of arts at the famous old University and graduated in medicine at the University of Maryland. Brought up in a scholarly atmosphere and endowed with scholarly tastes, Dr. Chew entered medicine with an unusual general foundation, and no one could better have exemplified the value of such a foundation. He brought with him the traditions of a gentleman and a scholar, and throughout his life he has been the gentleman and the scholar in medicine.

Quiet, modest, thorough, unasserting, with exceptionally good judgment founded upon his natural abilities and training, Dr. Chew soon became widely known and much esteemed among his colleagues as a teacher and as a consultant, and, as Dr. Mitchell has said, he succeeded Dr. Richard McSherry in 1886 in the chair which had been occupied by his distinguished father and by the charming and brilliant William Power, of

*Address delivered at the Chew portrait presentation.

whom some day more should be said at one of these meetings.

As a teacher and as a physician Dr. Chew has exerted a very wide influence upon his fellow-men. All who have come into connection with him have felt that they were dealing with a gentleman in the broadest sense of the word. His traditions of inheritance and education, his natural and acquired refinement of mind and character have given him a power of understanding which has made him an able diagnostician and a remarkably good physician, and this same power of understanding, together with a facility of expression based also upon these natural gifts and acquired qualities of heart and mind, have brought him very close to his patients, and have enabled him to exert an influence for good in this community which has been very large.

I know of no one who is a better example of the type of man to whom the late Professor Lemoine of Lille has referred in an interesting article upon the value of a general education. I quote his words:

"Indeed, the moral influence which he (the physician) is capable of exercising upon the patient and which he exercises to an ever-increasing degree with his intellectual superiority, is one of the most important of therapeutic agents. One heals by words at least as much as by drugs, but one must know how to say these words and to exercise a sufficient moral authority that they may bring conviction to the patient and carry the full weight of suggestion which is intended. Were it but for this reason I shall range myself among those who demand the maintenance of extensive classical studies as a preparation for those of medicine, for the best means to uphold the prestige of the physician is still to raise him as far as possible above his contemporaries."

How good a picture this gives of the position which Dr. Chew occupies in this community! He has presented and presents today the figure of a truly superior man, a man whose intellectual superiority has not only made him a very wise doctor, but has given him the power to use his wisdom and his humanity in such manner that they may exert their greatest effect.

The affection and regard which we, his colleagues, have felt for him is perhaps best shown by the circumstance that he is the only man—excepting during the period of inactivity of the Civil War—who has served two terms as president of the Medical and Chirurgical Faculty. Dr.

Chew was president first during the year 1879-80, but nineteen years later, on the occasion of the celebration of the centennial anniversary of the foundation of the Faculty, we all felt that he, above all others, was the man who stood for that which we wished our faculty to represent, and accordingly we elected him to the presidency for a second time—a unique and deserved honor. It is pleasant to be able in his lifetime to assure him of our continued love and admiration and respect.

And now it is my happy privilege in the name of the committee to present to the Medical and Chirurgical Faculty of Maryland Miss Kellar's very beautiful portrait of Dr. Chew.

ACCEPTANCE ADDRESS OF PROF. RANDOLPH WINSLOW ON THE OCCASION OF THE PRESENTATION OF DR. SAMUEL C. CHEW'S PORTRAIT TO THE MEDICAL AND CHIRURGICAL FACULTY, NOVEMBER 19, 1914.

Mr. President of the Baltimore City Medical Society, Gentlemen of the Portrait Committee, Ladies and Gentlemen:

It is a source of great gratification to me that I happen to be the one whose official duty it is to accept on behalf of the Medical and Chirurgical Faculty of Maryland this splendid portrait of my beloved teacher, colleague and friend, Prof. Samuel Claggett Chew, and to extend to the donors the sincere thanks of this Faculty for their generous gift. It is also a great satisfaction to me that we are enabled thus to pay fitting tribute to our honored friend and two-time president while he is still with us and able to appreciate this evidence of our esteem and affection.

My acquaintance with Dr. Chew, which covers a period of more than 43 years, began when I entered the University of Maryland as a medical student in 1871. His first lecture, delivered in his peculiarly melodious and attractive tones, I recall with pleasure and profit to this day. One remark, having the force of an aphorism, made a deep impression on me and was of great service to me. "It has been said," said he, *Poeta nascitur not fit* (the poet is born not made), but this is not true of the physician. *Medicus fit non nascitur*—the physician is made, not born."

For nearly 50 years Dr. Chew occupied a professorial chair in the University of Maryland and left his impress on about 4000 men; and for

a still longer period he was the skilled physician and wise counselor in thousands of homes in this city.

In the eveningtide of life and amplitude of years, and still in the full possession of his rich and varied mental faculties, though retired from the activities of professional work, it must always be a great comfort to him to know that his efforts in behalf of his fellow-men are appreciated by those for whom and with whom he wrought.

I accept this portrait, therefore, on behalf of the Medical and Chirurgical Faculty of Maryland as a cherished memorial of one whom we delight to honor; and I again extend to the donors our thanks for their highly-prized gift.

THE SOUTHERN ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND.

Representing the Faculty of Physic, Dr. T. A. Ashby of the faculty attended the meeting of the Southern Medical Association held in Richmond, Va., on November 9, 10, 11 and 12. Over 30 of the alumni of the University of Maryland and of the Baltimore Medical College were present at this meeting.

Dr. Ashby organized an association of the alumni of the University of Maryland to be known as the "Southern Alumni Association of the University of Maryland," to meet annually at the time and place of the meetings of the Southern Medical Association.

Dr. W. S. Rankin of Raleigh, N. C., was elected president of the association, and Dr. W. E. Magruder was chosen secretary.

The Southern Medical Association is a very large and representative body of the medical profession living in the Southern States. A large number of the alumni of the University of Maryland are members of this association.

It is believed that the annual meetings of the Southern Medical Association will draw a large number of the alumni of the University, and that the Southern Alumni Association will be of great value to the University in the work of organizing the alumni in the interests of the University.

Dr. Ashby put in motion a plan to organize local and State alumni associations of the University of Maryland in all of the Southern States, and he believes that before the end of the year

the alumni in the South will be fully organized. It is hoped that the alumni of the University of Maryland, wherever located, will co-operate with the local alumni in the organization of these local associations, which can be made of great advantage to the University of Maryland.

Abstract of letter from Dr. Fitz-Randolph Winslow, Baraboo, Wis., December 1, 1914:

"For a week I have been rather busy and have had some nice cases. Did my first prostatectomy with splendid result and now have another one on hand. I am thankful to say that I have not been forced to say that I have not received sufficient training to undertake anything that has come my way. Consequently I am getting to be known about here as an all-round specialist, which at times is embarrassing to say the least. Yesterday a physician called me up from a neighboring town and said he was bringing me a case for cystoscopy—did I do that? As I had removed a foreign body from the windpipe of one of his cases with a bronchoscope, I thought it behooved me to say 'sure.' So that is the other prostatectomy I spoke of.

"Sometimes I feel as though I were like the drunken man who made the remark that he could lick any man in the crowd. As no one disputed his assertion, he waxed bolder and mentioned the fact that he could lick anybody in the town, and finally he opined that he could lick anybody in the country. A stranger in the crowd took off his coat and prepared for battle. At this stage the drunk roused up a bit and said: 'Hold on there, stranger, I believe I took in just a little too much territory.'"

Dr. Kyle McCue Jarrell, class of 1906, writes us as follows:

"Berkley, W. Va., November 4, 1914.
"Hospital Bulletin Co.,
"Baltimore, Md.:

"Dear Sirs—Please change the address of THE BULLETIN from Clear Creek to Berkley, W. Va.

"I have just recently moved here, and am now beginning to do quite a little practice.

"I enjoy reading THE BULLETIN, for it calls back to memory old school days, and keeps me in touch with the boys.

"Yours very truly,

"K. M. JARRELL."

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, DECEMBER, 1914.

THE DUTY OF THE HOUR.

The European war is not only ruining most of the countries that are actually engaged in conflict, but is causing widespread distress all over the world. Our sympathy is aroused in behalf of all those who are the sufferers from the effects of the war, whether from physical injuries or financial ruin. For the former class, the sick and wounded, the American Red Cross has already sent hospital units to the different warring nations, that are rendering efficient aid in their respective spheres. For the second class, those who are reduced from comfort to absolute destitution, and to starvation unless aided by neutral countries, we not only feel deep sympathy, but we must, perforce, put our sympathy into action. The plight of the Belgians not only pulls on our heartstrings, but must pull on our pursestrings as well. This industrious, contented and thrifty nation, whose neutrality was guaranteed by the powers of Europe; has been devastated and desolated, and the United States of America is called upon to feed and clothe this destitute people. In consequence of the interruption of our foreign commerce by the war there is also great suffering amongst our own people, and those who have sufficient for their own needs will be obliged to augment their charities in order to relieve the distress in our own midst. Baltimore, which responds so freely and cheerfully to the calls for

help, will not only contribute handsomely to the Red Cross, the Belgian Relief and other funds for the betterment of those who are in the area of hostilities, but must undertake the relief of many thousands of our own fellow-citizens who are out of work and stranded. Already the call for \$50,000 has been sounded by the several relief societies, in addition to their usual sources of revenue. The above reflections are made merely as a preface to the statement that we have made no effort to increase the pathological and other endowment funds, and such increment as has occurred is due to the interest on investments. The Faculty of Physic Fund for the department of pathology now amounts to \$20,948.63.

AN EX-RESIDENTS' ASSOCIATION.

It has been suggested—and THE BULLETIN believes the suggestion a good one—that the ex-residents of the University of Maryland form an ex-residents' association, the purpose of which is an annual reunion and renewal of old associations, the reunion to occur about the time of Commencement. This is a good idea, and should be cultivated. There are at present many ex-residents of the University Hospital who have attained positions of eminence in the medical profession, which positions would have been denied them if it had not been for the opportunities afforded them while internes in the University Hospital. As a matter of fact, there is in the United States no better training ground for practical medicine, surgery, gynecology and obstetrics than the University Hospital. This statement is made advisedly, for the University Hospital is willing to be judged by the Scriptural injunction, "By their fruits, ye shall know them." Her fruits are spread over these United States of America and foreign countries, and wherever found occupy positions of eminence, trust and confidence. It is therefore peculiarly fitting that those who are bound together by such ties of association as residents in the University Hospital should at least once yearly come together, hold a feast, swap old tales and give the Old Institution the "once over." Those desiring to join should send in their names immediately to Dr. Fred Rankin, University Hospital, Baltimore, Maryland.

THE SOUTHERN ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND.

At the annual meeting of the Southern Medical Association held in Richmond, Va., there was born another link in the chain which is ever binding the forces of the University of Maryland into a closer union. Reference is made to the Southern Alumni Association of the University of Maryland. Throughout the South there are located numbers of the University graduates, and until now no effort has been made to bind them into a homogeneous body. It is therefore with especial pleasure that THE BULLETIN announces to our readers that this organization has been founded mainly through the efforts of Professor T. A. Ashby. This is indeed good news, and THE BULLETIN sincerely hopes that every alumnus in the South will join the organization. It is through such agencies as these that the influence of the University of Maryland can be enhanced, and since our connection with THE BULLETIN nothing has occurred which to our minds possesses the same potentialities of good as the creation of the Southern Alumni Association. It is to meet annually at the annual meeting of the Southern Medical Association wherever that may be. Do not delay, but send in your application for membership immediately to Dr. W. S. Rankin, Raleigh, N. C.

HERE'S HOPING.

The medical department of the University of Maryland is at present passing through one of those periodical squalls which befalls every institution. With the advancement in the requirements preliminary to admission to a medical college there has been a decided falling off in matriculants. With supreme belief in the justness of the Supreme Being we feel that this lessening is only temporary. We have done a good work at the University of Maryland, and when prospective students thoroughly realize they must meet certain educational requirements, we believe the entering classes will come back to the normal number. At any rate, here's hoping this event will soon come about.

CORRESPONDENCE

"Baltimore, December 1, 1914.

"Dr. Nathan Winslow,

"Editor Hospital Bulletin:

"My Dear Dr. Winslow—I had already received one request from you for a copy of my address at the Chew portrait meeting. I had hesitated about sending the copy because, I am sorry to say, the readers of THE BULLETIN seemed to take so little interest in the occasion which called forth the address. I was truly mortified that so paltry a number of men actively engaged in the University of Maryland were present at the meeting. In the last annual catalogue of the University there are 135 names enrolled as the 'Board of Instruction.' Of this number 21 attended the meeting. Out of 30 men connected with the department of 'Practice of Medicine,' only 5 were present. Nearly all of these men had been students of Dr. Chew, and I deem it little less than disgraceful that the audience in Osler Hall should have contained so few University men. Such a lack of the 'get-together spirit' is of bad omen for the University.

"Very sincerely yours,

"C. W. MITCHELL."

ITEMS

Mr. Johnson is in receipt of the following letter from Dr. Clark S. Bogart, class of 1914, who is associated with the St. Alexis Hospital, Cleveland, O.:

"Cleveland, O., November 18, 1914.

"Dear Johnson—Enclosed find an application for Ohio State Board which I expect to take the first of next month. Will you kindly have it filled out and return to me as soon as possible? Everything is going fine out here. Wilson and I are well located, and are obtaining a wealth of experience.

"Kindly have Dr. Nathan Winslow put me on the mailing list of THE HOSPITAL BULLETIN, so that I may keep in touch with the old school. My best regards to every one. Thanking you in advance, I am,

"Most sincerely yours,

"C. S. BOGART."

Mrs. Page Edmunds of the Wentworth Apartments is visiting friends in Rocky Mount, N. C. Mrs. Edmunds was formerly Miss Millicent

Geare, University Hospital Training School for Nurses, class of 1905.

Dr. Kivy Pearlstine, class of 1906, is located at 49 George street, Charleston, S. C.

Dr. Ernest L. Griffith, class of 1907, has moved from Huntington, W. Va., to Clifton Forge, Va.

Dr. J. Charles Macgill, class of 1891, of Catonsville; while driving east on Chase street recently in his automobile, was in collision with a Preston-street car at Caroline street. He escaped injury, but the machine was badly damaged.

At the annual meeting of the Eastern Shore Society, held recently at the Hotel Rennert, Dr. James Bordley, Jr., class of 1896, was elected president for the ensuing year.

Dr. C. F. Strosnider and Dr. John Walkup, both of the class of 1909, who came on for their class reunion, are still with us. They have been especially interested in surgery, observing the work at the hospital. THE BULLETIN, on behalf of the Faculty of Physic, desires to extend to Drs. Strosnider and Walkup its most cordial welcome, and hopes that their visit will prove profitable as well as enjoyable. The University authorities are always glad to extend to its alumni the fullest facilities for observing the work in any of its departments. The latch string is always out—just walk in, and the pleasure is ours.

Another visitor was Dr. Louis Kyle Walker, class of 1911, of Ahsokie, N. C. After graduating Dr. Walker served first as assistant resident pathologist and then as assistant resident gynecologist, and finally in 1913-1914 as superintendent of the Maryland General Hospital. While at the hospital Dr. Walker, by his genial disposition, courteousness and willingness to help out whenever called upon, made himself very popular. It was a great pleasure to those at present connected with the institution to have Dr. Walker with them again, if only for a few days.

The following announcement of the Council on Health and Public Instruction has been issued by the American Medical Association for 1914: "Public health is one of the most important questions before our public. Today, as never before, the conservation of life, the prevention of

disease and the maintenance of health are of vital interest to every one. Through the recent discoveries of modern science, many diseases can now be entirely prevented. The people are eager to learn how they can protect themselves against sickness and death.

"Much information has been given to the public through magazine and newspaper articles. The demand for such matter shows the extent of the public interest. There has also arisen a demand for speakers to address public meetings, pupils in schools and colleges, women's clubs, farmers' and teachers' institutes, chautauquas and other gatherings on public-health topics.

* * *

"Recognizing the need for public instruction and the demand for it on the part of the people, the Council on Health and Public Instruction of the American Medical Association three years ago organized a speakers' bureau to furnish speakers on health topics for public occasions of all kinds. To supply the growing demand for speakers, the list has been enlarged and many new speakers added in each State."

The Council on Health and Public Instruction has become in the last few years one of the prominent divisions of the A. M. A. It has supplied lecturers, when requested, in almost every State and in numberless small towns and villages. The Baltimore Committee of Public Health of the Medical and Chirurgical Faculty has done a large work during the past year. Many lectures have been given. The Camp Fire work has been a large one, but one of the many local activities. Dr. S. J. Fort has been the "main spring" of the local work.

The following have been appointed by the National Committee of the American Medical Association from the State of Maryland to fill appointments for the coming year:

Dr. Thomas S. Cullen, "Cancer."

Dr. J. H. M. Knox, "Baby Welfare."

Dr. J. S. Fort, "Some Facts About Alcohol," "Prevention of Communicable Diseases," "Baby Saving," "The Abnormal Child."

Dr. L. F. Barker, "Public Health."

Dr. Joseph C. Bloodgood, "The Control of Cancer."

Dr. Sydney R. Miller, "Food in Sickness and Health," "Occupation and Disease," "Pure Milk."

Dr. Alexius McGlennen, "Public Health Topics."

Dr. Albert H. Carroll, "What People Ought to Know About Indigestion," "Flies" (illustrated), "Germs, Good and Bad."

Dr. G. M. Linthicum, "Am I My Brother's Keeper?"

Dr. Emil Novak, "The Triumphs and Problems of Preventive Medicine," "The Importance of Early Recognition of Cancer."

Amongst the familiar faces recently seen at the University Hospital was Dr. Guy P. Asper, class of 1903, of Chambersburg, Pa. Immediately after graduating Dr. Asper located in Chambersburg, where he entered upon the practice of medicine. It gives us great pleasure to report to his many friends that he has been very successful and has succeeded in building up a large and lucrative practice. This is no more than to be expected, as Dr. Asper possesses a charming personality and is well grounded in his profession.

Amongst the recent visitors to the University Hospital was Dr. J. Holmes Smith, Jr., class of 1905, of the United States Public Health and Marine Hospital Service. Dr. Smith after graduating served for several years in the University Hospital as assistant resident surgeon. He then entered upon the practice of medicine in Baltimore, and at the same time maintained his connections with his Alma Mater as assistant demonstrator of anatomy, which position he resigned in 1912 to accept a commission as assistant surgeon in the United States Public Health Service. While at the University as student and as instructor Dr. Smith was always conscientious in the discharge of his duties, and it was with the greatest regret that the faculty accepted his resignation, realizing that it was losing the services of one of the most competent and popular of the younger men. We feel that our loss has been the Service's gain. Dr. Smith is now on duty at Ellis Island. He was warmly greeted by old friends.

Dr. Thomas G. Whims, class of 1911, who was recently operated upon at the University Hospital, is making a nice convalescence. His friends will be glad to know that he is getting along so nicely.

On November 19, 1914, a handsome life-size portrait of Dr. Samuel Claggett Chew, class of

1858, twice president of the Medical and Chirurgical Faculty of Maryland, and the only man who has ever been twice honored with that office, dean of Baltimore physicians, member of the board of regents of the University of Maryland for more than 40 years, and one of the best known medical men in the country, was presented to the faculty by the medical profession of Maryland. (The addresses are published elsewhere in this number of THE BULLETIN.)

The exercises took place in Osler Hall of the faculty building, on Cathedral street, and were attended by most of the representative physicians of the city, many of whom had been instructed in their profession by Dr. Chew, and who have since known him as a wise counsellor and a sincere friend.

The feature of the evening was the address of Dr. Charles W. Mitchell, who paid a beautiful tribute to his old professor. He told of Dr. Chew, the teacher, and at the conclusion of the meeting nearly everyone present thanked him and congratulated him on his address, which he ended by quoting Tennyson's "Crossing the Bar."

Dr. W. S. Thayer spoke of Dr. Chew as the physician, and also made an effective address, at the conclusion of which he presented the portrait on behalf of the medical society to the faculty. Dr. Randolph Winslow, president of the faculty, accepted it. Dr. Thomas R. Brown presided at the session.

The portrait represents Dr. Chew sitting in a comfortable armchair in his library, his books about him and a shaft of light from a nearby window illuminating one side of his face. It is the work of Miss Marie D. Keller, and was painted at Dr. Chew's home in Roland Park. Dr. Chew was not present at the exercises. His health has not been good recently, and he is disinclined to go out at night.

Dr. Chew was born in Baltimore, July 26, 1837, and was educated in Princeton University, graduating with the degree of A.B. in 1856 and A.M. in course in 1859. He took up the study of medicine under the direction of his father, a physician of distinguished prominence and a conspicuous figure in the life of the University for many years, and also followed the course of the School of Medicine of the University of Maryland, graduating with the degree of M.D. in 1858. The year 1864 he spent abroad. An able physician and a man of high character, he always controlled a large private practice, and his

personal qualities and attainments were such that his rise in the ranks of the profession was only a natural result. He was one of the collaborators of Pepper's "System of Medicine," and his articles and addresses on various occasions have been published in medical journals and read before assemblages of professional men.

In 1873-1874 and again in 1877-1878 Dr. Chew was vice-president of the Medical and Chirurgical Faculty of Maryland, and in 1879-1880 and in 1898-1899 was president of that body. He was for a number of years consulting physician to the Johns Hopkins Hospital, president of the board of trustees of the Peabody Institute and an honorary member of the Association of American Physicians.

In the material and educational life of the University of Maryland Dr. Chew has been a prominent factor for many years, and besides the duties of professorship, which he filled so long and so well, has been one of the directing influences of the University and its policy. His connection with the faculty of physic began in 1864 as incumbent of the chair of materia medica, which he filled until 1886, and then was elected to the chair of practice of medicine. From 1874 to 1879 he was dean and executive officer of the medical faculty. His loyalty to the University and its several departments and auxiliary institutions has never abated one whit with the lapse of years. He is still a member of the General Alumni Association, and twice has been president of that great body of graduates, first in 1877-1878 and again in 1893-1894.

Prof. Randolph Winslow voices our sentiments when he says: "In the eveningtide of life and amplitude of years, and still in the full possession of his rich and varied mental faculties, though retired from the activities of professional work, it must always be a great comfort to him to know that his efforts on behalf of his fellow-men are appreciated by those for whom and with whom he wrought."

A cut of \$135,000 has already been made in Dr. Nathan R. Gorter's estimate to the Board of Estimates for the annual appropriation for the City Health Department. The board eliminated \$50,000 for a modern hospital building at Quarantine and \$85,000 for improvements the Commissioner of Health considered necessary at Sydenham, the municipal hospital for minor infectious diseases. That the department may be

put on a more effective basis next year, Dr. Gorter has asked for 25 additional employes, increasing his salary account by \$9250. He has also asked for an increase of \$10,680 in his expense account. These items have not been passed on definitely by the Board of Estimates, but the statement is made at the City Hall that they will probably be reduced.

In a letter to the board explaining why he asked for a new hospital building at Quarantine, Dr. Gorter said: "The present accommodations at the station are not only ancient, but also inadequate. The present hospital was put into commission about 33 years ago, since which time the city has increased more than 200,000 in permanent population. Last year the hospital building was overfull, and then we had to convert the detention house into an auxiliary hospital, which lessened desirable protection to the city from smallpox."

Explaining why he wanted \$75,000 for modernizing Sydenham, Dr. Gorter told the board that a new ward building, to cost \$50,000, was necessary "to meet the demands upon the hospital if it is to measure up in part to the original function of protecting well children from disease."

He then spoke of the necessity for a home for the nurses to cost \$30,000. "The work of a competent nurse," he said, "is laborious and hazardous. She should be provided with home surroundings when off duty that will restore her to a rested condition before returning to duty."

Dr. Gorter then told the board that he wanted \$5000 for a morgue at Sydenham, with chapel attachment, and an incinerating and disinfecting plant. "We have no suitable place," he said, "for the bodies of the unfortunate children who die, and there should be facilities offered for funeral services that would not expose other members of a family to possible infection. The incinerating and disinfecting plant is for the purpose of destroying useless infected articles and for the disinfection of such material that can be made of further use in the hospital."

In the selection of Dr. Robert P. Bay, class of 1905, of 1701 Guilford avenue, Baltimore, as chief medical examiner for the State Industrial Accident Commission, the virility of the University of Maryland has again been attested.

His duties will be to pass upon the medical certificates of injury or death that accompany claims, and in case of contests will make investi-

gations for the board as to the extent of injuries, whether the claim be against a casualty company or the State fund. During the month of November there were approximately 400 accidents reported to the commission.

Dr. Bay is major and chief surgeon in the Maryland National Guard. After his graduation from the University of Maryland Medical School in 1905 he served as resident surgeon of the University Hospital from 1905 to 1907, and superintendent from 1909 to 1910. He was medical superintendent of Bayview Hospital in 1908. Dr. Bay is a Fellow of the American College of Surgeons, which honor was conferred on him last year. It is one of the highest compliments that the profession can bestow upon its members.

THE BULLETIN rejoices in the appointment of Dr. Bay, who ever since graduating has been a credit to his alma mater, and extends to him its most cordial and heartiest congratulations upon his well-earned laurels.

Dr. Antonio Balart, class of 1914, writes us as follows:

"Guantanamo, November 6, 1914.

"Dr. Nathan Winslow,

"Baltimore, Md.:

"Dear Dr. Winslow—Received the copies of THE HOSPITAL BULLETIN. Thank you very much for them. Enclosed you will find postal money-order for my subscription for this year.

"I am working here in town. So far everything goes very well and the work easy.

"Will be glad to hear from you once in a while.

"Hope you have a good bunch of 'boys' this year.

"Please remember me to your father and to Drs. Carroll, Coleman and others.

"Your friend,

"A. BALART.

"P. O. Box 23, Guantanamo, Cuba."

Dr. Joseph Enloe Thomas, class of 1911, is located at Tirzah, York county, South Carolina.

Among recent visitors to the University Hospital were Drs. Cantwell, '06, North East, Md.; James Bay, '08, Havre de Grace, Md.; E. Strassler, '12, Shawmut, Pa., and Sappington, '01, Hancock, Md.

Dr. Leonard Hays, class of 1913, who has been at Blackwell's Island, N. Y., for the past year, is on a visit to Baltimore. He has been associated with Dr. Gattbeil in his clinic.

Dr. Charles F. Strosnider, class of 1909, is taking a several weeks' course at the University Hospital in internal medicine.

Miss A. L. Wham, University Hospital Training School for Nurses, class of 1909, supervisor of nurses of the operating-rooms, has been confined to the hospital for the past two weeks suffering from an infection, and we all wish her a speedy recovery.

Dr. Julian M. Gillespie, class of 1909, Past Assistant Surgeon, U. S. P. H. S., on duty at New Orleans, La., writes us as follows:

"October 29, 1914.

"Dr. Nathan Winslow,

"Editor, Hospital Bulletin,

"University of Maryland:

"Dear Doctor—I have been stationed here since the first of August, assisting in the eradication of bubonic plague from this city. We have the situation now fairly well under control. The city is divided into seven districts, one of which I have charge of. Each district employs perhaps an average of 40 or 50 men, and the work consists of rat extermination, reconstruction of buildings (rat proofing) and protection of all foodstuffs, including garbage. To the present date the city has had 190 rodent cases, with 28 human cases and 9 human deaths. The average rat catch per diem is about 1200 rodents. These are all examined in our laboratory for gross lesions of plague—those that present suspicious lesions are tested further by smears for microscopic examinations and guinea-pig inoculation. I believe that in a few years plague will be a disease that will have to be dealt with in our country to a much greater extent than it is now, San Francisco, Seattle and New Orleans now being infected, and a large probability that Mobile, Philadelphia, New York and Savannah will follow; therefore, if the chair of pathology of the University of Maryland would like, I will send up a hundred slides taken from the spleen of an infected guinea pig.

"I have not received THE HOSPITAL BULLETIN for nearly one year, due to its having been sent to my Honolulu address. Enclosed please find

\$3 to renew my subscription, and if possible send back numbers for this year. I find several University of Maryland alumni here, who say they would like very much to get in touch with the school again.

"I do not know who at present occupies the chair of pathology, therefore if you will let me know whether the slides are desired, I will thank you. With kind regards to yourself and my other University friends, I remain,

"Sincerely,

"JULIUS M. GILLESPIE, '09,
"Past Assistant Surgeon."

Our other alumni located in New Orleans, La., are as follows:

Wm. Henry Block, 1895, 5827 Perrier street.

Wm. Buford Clark, 1882, 1508 St. Charles avenue.

Geo. W. Groetsche, B. M. C., 1903, 8927 Jeanette street.

Gabriel B. Kramer, B. M. C., 1907, 1612 Canal street.

On Tuesday, November 17, a clinic was held at the University Hospital, in the amphitheater, for the visiting surgeons of the American College of Surgeons, who were delegates to the convention which convened in Washington, November 16. An appendectomy was done by Prof. Randolph Winslow, a diagnosis of a spinal tumor by Professor Spear, followed by an operation on same by Professor Winslow. There was also a vaginal hysterectomy by Professor Ashby, and a salpingectomy by Professor Martin. The amphitheater was packed by many of the most prominent surgeons, including Dr. Charles H. Mayo of Rochester, Minn.; Dr. H. B. Cole of Mobile, Ala.; Dr. H. M. Doolittle of Dallas; Dr. G. O. G. Guab, Pittsburgh, Pa.; Dr. Charles H. Peck, Dr. J. W. Long, president of the Southern Surgical and Gynecological Association, and many others.

Dr. R. G. Willse, class of 1909, has just returned from a pleasant hunting trip on the Eastern Shore, where he was the guest of Dr. Samuel Price, also of the class of 1909.

The dedication of the new South Baltimore Eye, Ear, Nose and Throat Hospital, Light street near West street, of which Dr. Harry Elmer Peterman, B. M. C., class of 1895, is superintend-

ent, took place with appropriate ceremonies November 14. The erection of the new hospital was made possible by a gift of \$10,000 by Mr. William Grecht. It is one of the finest of its kind in the country. There are 20 private rooms and ward accommodations for 20 more beds. Wards have also been arranged for negro patients entirely separate from the white wards. A spacious roof garden occupies half the roof of the building, and both the second and third floors are fitted with large porches in the rear, which face a grove of trees in the big yard.

An operating suite of five rooms occupies a portion of the third floor. The operating-room itself is illuminated by three 500-candle-power lights, installed on the indirect system. These lights make the room brighter than if flooded by sunlight, and yet the indirect method prevents the casting of any strong shadows.

The new building and the old hospital, which will now be fitted up as a nurses' home, are heated by steam, and the same set of boilers is used for sterilizing and similar work connected with the hospital. On the first floor are rooms prepared for dispensary treatment.

One of the features of the new building is that only the window frames and the floors of the resident physician's suite, which is on the first floor, are of wood, the remainder of the building being of concrete and steel, with composition flooring. An elevator operated by electric buttons has been installed.

Miss Mary Rutherford, University Hospital Training School for Nurses, class of 1913, has resigned as superintendent of nurses of the Rocky Mount, N. C., hospital, and Miss Lucy Lilly, class of 1912, has been appointed in her place.

Two of the nurses of our last year's class have accepted positions at Bayview Hospital. They are Misses Sadie Davis and Alice Colbourne.

Dr. Joseph W. Holland, class of 1896, of 1624 Linden avenue, has been elected vice-president of the Queen Anne's Chapter of the Eastern Shore Society.

Miss Grace Elma Uhler, daughter of the late Dr. John R. Uhler, of 1212 Bolton street, Baltimore, desires to announce that she is prepared to take notes or translate from French and German

books, pamphlets, etc., into English, and would appreciate work from physicians. She was recently located at 1615 McCulloh street, and desires change of address noted.

Dr. Edgard M. Parlett, B. M. C., class of 1902, who has been residing at 411 Euclid street, New Castle, Pa., has moved to 201 McMechen street, Baltimore. He is connected with the Relief Department of the Baltimore & Ohio Railroad Co.

Miss Ann Dukes, University Hospital Training School for Nurses, class of 1914, has been appointed assistant superintendent of nurses of the Cambridge (Md.) Hospital.

Miss Barbara E. Stauffer, University Hospital Training School for Nurses, class of 1911, who has been doing public-health nursing in the tubercular department for the past two years, is doing substitute work in the Social Service Department of the Johns Hopkins Hospital.

MARRIAGES

Dr. Cleveland D. Whelchel, class of 1913, of Gainesville, Ga., was married to Miss Mary A. Rutherford of Winchester, Va., November 23, 1914. The ceremony was performed at the apartment of the bride's sister, Miss Volina Rutherford, 640 West North avenue, by the Rev. James M. Wallace, pastor of Aisquith Street Presbyterian Church. Miss Camilla Rutherford was her sister's maid of honor and Dr. J. William Ebert of Winchester, Va., a cousin of the bride, was the best man. After a wedding journey the couple will reside in Gainesville.

Dr. John E. O'Neill, class of 1910, of 2508 North Charles street, of the Health Department, was married to Miss Catherine Agnes Thurman of 2134 Oak street, November 23, 1914. The ceremony was performed at a nuptial mass at Sts. Philip and James' Catholic Church by the Rev. Hugh J. Monaghan. Only members of the two families and a few friends of the couple were present. After a wedding breakfast Dr. and Mrs. O'Neill left for their honeymoon. They will reside at 2508 North Charles street. Dr. O'Neill has charge of the tuberculosis dispensary work for the Health Department.

DEATHS

Dr. Joseph Muse Worthington, class of 1872, a member of the Medical and Chirurgical Faculty of Maryland, died at his home in Annapolis, from a lingering illness, September 21, 1914, aged 68 years.

Dr. Samuel J. Hoffman, class of 1877, a member of the Medical Society of Virginia, died at his home in Woodstock, Va., from carcinoma, aged 62 years.

Dr. John H. Grimes, class of 1868, of 2100 Maryland avenue, died of uraemic poisoning at the Sheppard and Enoch Pratt Hospital, November 7, 1914, aged 73 years. Dr. Grimes was one of the best known of the older physicians in Baltimore and practiced continually from the time of his graduation in 1868 until 1907, when age and failing health caused him to retire from active practice.

Dr. Grimes was 73 years old, and was born in Carroll county, his father being George Washington Grimes and his mother Eliza Buffington Grimes. He was educated at Calvert College, now New Windsor College, of Carroll county, but left soon after the outbreak of the war and went South, becoming a member of the First Virginia Regiment of cavalry, which was in Gen. Fitzhugh Lee's command.

At the close of the war he entered the office of his uncle, Dr. John S. Buffington, of New Windsor, where he remained about a year, when he came to Baltimore and entered the Maryland University School of Medicine, graduating in 1868. He married in 1872 Miss Mary M. Butler, daughter of Samuel Butler, a shipbuilder. They had three children, the late Dr. S. Butler Grimes, Charlotte B. Grimes, who died when she was 16 years old, and Robert H. Grimes, the only surviving member of the family, who is a lawyer in New York. Dr. Grimes was stricken with paralysis three years ago, and had been declining steadily ever since.

Dr. Charles Irving Stotelmeyer, class of 1892, of Hagerstown, Ind., a member of the Indiana State Medical Association, trustee of Jefferson township, died in the Reid Memorial Hospital, Richmond, Ind., November 12, 1914, after a surgical operation, aged 55 years.

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ADDRESS DELIVERED BY DR. CHARLES W. MITCHELL ON THE OCCASION OF THE PRESENTATION OF THE PORTRAIT OF DR. SAMUEL C. CHEW TO THE MEDICAL AND CHIRURGICAL FACULTY, NOVEMBER 19, 1914.

Mr. President, Members of the Portrait Committee, Ladies and Gentlemen:

While deeply appreciating the honor of addressing this audience, I find myself in a condition of great embarrassment, because affection defies analysis. As in the history of the world, so in that of the individual, occasions arise which render men incapable of logical and sequential thought and limit their mental processes to the appreciation of sensations and emotions. Such an occasion confronts me tonight.

After many years of intimate association with Dr. Chew, as pupil, assistant, colleague and friend, it is the last of these relationships which is uppermost in my mind tonight. So that, with your permission, I shall give myself great latitude in the interpretation of the word "teacher."

For 45 years, from 1864 to 1909, Samuel Claggett Chew was a member of the Faculty and of the Board of Regents of the University of Maryland, for 21 years occupying the chair of materia medica and therapeutics and for 24 years that of the practice of medicine. During a portion of this time he was Dean of the Medical Faculty. About 3,000 young men from all parts of the world sat under his teaching, and the aggregate of his influence is beyond estimation.

In my student days, when the teaching body included the eloquent Miltenberger, the noble and

chivalrous Miles, the brilliant and convincing Chisolm, the resourceful and inspiring Tiffany, and the experienced and suggestive Howard, it was the teaching of Dr. Chew which was characterized by the most elegant, varied and profound scholarship. His intimate knowledge of the English language and literature, his remarkable powers of analysis, the breadth of his medical learning, his keen sensing of the students' needs and limitations, his splendid presence and rich voice made his didactic lectures models of the teacher's art. One of the most accurate methods of gauging the value of a lecture is by the ability of the average hearer to take logically connected notes. Judged by this standard Dr. Chew's work could not be surpassed.

In the clinical amphitheater and at the bedside, too, his methods of instruction were most lucid and inspiring. The quietness, refinement, and depth of his sympathy for the poor and the suffering, the gentleness of his voice and of his touch, the clearness and precision of his conclusions as to diagnosis, prognosis and treatment left upon the student mind impressions never to be forgotten. His classes always felt that they were in the presence of one who lived in the higher altitudes of thought, feeling and of achievement, and their attitude toward him was truly one of reverence.

It was but natural that a man of these attainments and character should have held his place in the affections and confidence of his pupils after their graduation, and should have enjoyed for many years a wide reputation as a wise counsellor and loyal friend in consultation practice. Who can estimate the value of the lessons he was daily giving throughout those long years of consulting

work, lessons not only in the conduct of cases, but in the conduct of life as well, lessons that often come as sweet benedictions into the sick-rooms of rich and poor alike.

Dr. Samuel Chew, the father of the subject of this sketch, now frequently known as the elder Chew, had likewise held the chairs of *materia medica* and of practice in the University, and had been Dean of the Medical Faculty. From 1841 until the present day, a period of 73 years, the medical profession of this state and the whole people of this community have been blessed by a Chew influence, which seems to refine all that it touches. Could the spirit which has dominated the lives of these men, father and son, widely prevail, questions of medical ethics would seldom or never arise.

True culture needs no code.

When, in 1899, the Medical and Chirurgical Faculty of Maryland, preparing for the centennial anniversary of its foundation, was about to name as its president the man who most fully represented its best traditions and its highest ideals of character, conduct and learning, the choice naturally fell upon Samuel Claggett Chew.

But it is not alone in medicine that we can claim high position for Dr. Chew as a teacher.

His broad knowledge of general literature, both classic and modern; his enthusiastic devotion to all that is best in art and in science, his knowledge of history and politics, and his keen sense of the responsibilities of citizenship have led him to be a true teacher of the community in which he lives. His long service as president of the Board of Trustees of the Peabody Institute has meant much for the artistic and intellectual uplift of this city. The man who for many years enjoyed the intimate friendship and almost daily companionship of Mr. Walters, who founded the Art Gallery, and of Severn Teackle Wallis, that great apostle of civic righteousness, could not fail to exert a marked influence upon the aesthetic and political life of Baltimore.

Dr. Chew has also made deep study of church history and polity, and his addresses upon such subjects and his many activities in all branches of church work are sufficient to entitle him to high rank as a teacher in the field of religion. In this connection, it is of interest to note that his great grandfather, Thomas John Claggett was the first Episcopal Bishop of Maryland and the first

bishop of any church to be consecrated in America.

In short, Dr. Chew represents a type of medical men which is, unfortunately, almost extinct in our day, the classical type, broadly humanitarian. In the higher things of life he seems to have been born to the purple.

With intellectual gifts and attainments qualifying him for high position in many branches of learning, he brings to bear his deep love of mankind, his exquisite literary sense, and his splendid moral force upon all with whom he comes in contact. He is the embodiment of true culture. What a strong plea his life makes for a study of the so-called humanities as a preparation for medicine! How strongly he emphasizes the value of spiritual things in the life of man!

Just here permit me to add another striking illustration of the usefulness of a classical training as a foundation for a great career in medicine. That great and beloved medical teacher and philosopher, the real leader in American medicine of today, William H. Welch, once taught Greek in Yale University.

In these modern days, when many men are prone to worship power for its own sake, to deify efficiency, exalting it above the artistic, the intellectual and even above morality itself, in these days of modern paganism, the life of Dr. Chew stands as a great spiritual beacon of light, spreading its beneficent and uplifting rays far and wide.

I have spoken at length upon Dr. Chew as a teacher. Now, in conclusion, let me take you into my confidence, my friends, and tell you of the latest and best of all the many lessons he has taught me. On Tuesday night I called to see him. How did I find him? Physically not well, but mentally and spiritually in superb condition. As I chatted with him in his room, I thought what a splendid measure of success had been meted out to him, a success that efficiency alone could have never brought about. Full of years and honors, still clinging fast to the lofty ideals of his youth, keeping up his keen interest in the large affairs of life and maintaining his absolute faith in God and in humanity, he sat breathing in the sweet, pure air of a cultured home. He had that day received a new book, a magnificent volume on the English literature of the eighteenth century. He showed it to me with all the fresh joyousness of a child with a new toy. Then he handed me his favorite literary night cap, the life of Sir Walter

Scott. Finally he spoke of his great love for Tennyson. Then he paused, and during the silence the lesson came to me—the lesson that only the serene old age of such a man can teach. There sat my master, and though he spoke not a word, he gave me a glimpse of the vision that his beloved poet must have had when he wrote:

“Sunset and Evening Star,
And one clear call for me!
And may there be no moaning of the bar
When I put out to sea,

But such a tide as, moving, seems asleep,
Too full for sound or foam,
When that which drew from out the bound-
less deep
Turns again home.

Twilight and evening bell,
And, after that, the dark,
And may there be no sadness of farewell
When I embark;

For, though from out our bourne of Time
and Place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crossed the bar.”

FURTHER EXPERIENCES WITH STRAIGHT DIRECT LARYNGOSCOPY AND ESOPHAGOSCOPY WITH RE- PORT OF CASES.*

By RICHARD HALL JOHNSTON, M.D.,
Baltimore, Md.

As briefly as possible I wish to refer to the straight methods of examining and operating in the larynx and upper end of the esophagus and to cite a few cases illustrative of certain therapeutic measures which I have used successfully through these methods. No comparison will be made with other methods of direct laryngoscopy, since this phase of the subject has been emphasized from time to time in previous papers. It may not be amiss, however, to describe once more the position of the patient and operator, since I

frequently receive communications which convince me that the methods are not generally understood. The straight position is so named because the head is held straight as opposed to other positions in which the head is extended or flexed, whether the patient be in the sitting or the supine position under general, local or no anesthesia.

The principal advantages of the position are (1) complete relaxation of all neck muscles, which makes unnecessary any pulling on the laryngoscope to expose the larynx; (2) absolute control of the patient in the supine position; (3) the easy, natural position of the operator, who always has one hand free for operative procedures. The method is designed especially for the rapid exposure of the larynx and upper end of the esophagus in children, who are always examined in the supine position. There is no need for special assistants. I frequently examine children in the office with the aid of laymen, who, of course, have never seen such work. No special preparation of the patient is necessary since the procedure takes only a few minutes. The little patient is securely wrapped and pinned in a sheet so that arms and legs are practically immovable. He is placed on the table with the head in a straight line and steadied by a nurse. Another nurse attends to the arms and legs. The operator stands to the left of the table and introduces the modified Jackson laryngoscope between the incisor or bicuspid teeth. When the epiglottis comes into view, the spatula end of the instrument is hooked behind it and the handle elevated, thus bringing the larynx into view. The examination usually takes a few seconds. The diagnosis is made and treatment instituted at once. In adults the same instrument is used with the patient sitting, under local anesthesia. The head is straight or slightly extended and supported by a nurse. In the sitting position, if the incisor teeth are large, the tube is introduced between the right or left bicuspid teeth with the head slightly turned to the opposite side. In this way all pressure on the teeth is avoided and it is surprising in most cases how easily the tube slips into the larynx with the exercise of no force. This is an important point in direct laryngoscopy, because, if one has to use traction with one hand, operating with the free hand is more difficult and sometimes impossible. For some years I have used a smaller instrument than those usually recommended, and for this reason straight direct

*Read before the Laryngological Section of the Southern Medical Association at the last annual meeting in Richmond, Va., November 8, 9, 10, 11, 1914.

laryngoscopy has met with unfavorable criticism from some quarters. From my experience in many cases I wish to say that direct laryngoscopy is much easier, both as regards examination and operation, when a small tube is used for the reasons enumerated above. With practice one can see and operate as well through a small as a large tube, while the absence of all strain to the patient and operator more than compensates for the small tube. The instrument that I use measures 10 millimetres in diameter; in exceptional cases I pass the 11-millimeter tube. I have discarded the use of all larger tubes because they inflict pain and render the use of force almost a necessity. The same tube is used in the examination of the larynx and upper end of the esophagus in adults and children. I have not used suspension laryngoscopy because, thus far, I have been able to do satisfactory work with the straight methods. To illustrate the case with which treatment may be used in straight direct laryngoscopy, I will cite some cases which have come under my observation:

Papilloma of the Larynx in An Adult—A patient, 68 years old, had a tumor which practically filled the supraglottic space, causing dyspnoea and some cyanosis on exertion. After alypin anesthesia the 10-millimeter tube was passed with the head straight and a portion of the growth removed with Pfau's forceps. Bleeding was profuse, but ceased with rest in bed and ice applications. One week later the small tube was again passed. The base of the tumor was now seen to be the left lower laryngeal surface of the epiglottis. An application of the high frequency spark through the tube destroyed the tumor, and at this date, two years after the operation, there has been no recurrence. Pathological examination showed papilloma with suspicious ingrowths.

Papilloma of the Larynx in a Child—A boy, 19 months old, lost his voice six months before I saw him. He had some dyspnoea, and, when he cried, cyanosis developed. With the patient wrapped in a sheet and with no anesthesia, the 10-millimeter tube was passed, with the head straight and held by a nurse. The larynx was found filled with papillomata, part of which were at once removed. At intervals of a week the high-frequency spark was applied through the small tube with complete and permanent cure in three months. In these two cases the results of fulguration were all that could have been desired.

Stenosis of the Larynx in An Adult—In a patient with complete stenosis of the larynx except a small opening posteriorly, the larynx was incised through the small tube under local anesthesia with the head straight. A large intubation tube was then introduced and anchored below, after the method of Rogers. Typhoid fever was the cause of the stenosis which had necessitated an emergency tracheotomy several months previously.

Among the cases of stenosis in children was a girl, six years old, who was examined in the straight position. The anterior part of the larynx was closed by a membrane extending between the vocal cords. Retained intubation tubes resulted in a cure in three months. Another case of stenosis was a boy, three years old, who had been treated in another hospital for papillomata. The chief symptoms were dyspnoea and aphonia. Treatment had been the high-frequency spark through the direct laryngoscope. Examination with the small tube, with the head straight, showed a knoblike epiglottis and a stenosis of the larynx. There were no papillomata. Tracheotomy was performed for the dyspnoea. Two weeks later Rogers' apparatus was introduced and worn three months, at the end of which time the patient was discharged cured. From a whisper at the time of the operation, he now talks with a fairly good voice.

Treatment of Tubercular Laryngitis—For some time it has been my practice to treat tubercular laryngitis through the 10 or 11-millimeter tube with the electric cautery. Results have been so satisfactory that I have given up the use of the curette. At present I have under observation two patients, in each of whom one-half of the larynx was involved in the tubercular process. Both had massive infiltrations with ulcerations. These operations are usually performed in the office and the patient goes home shortly afterwards. Alypin is the anesthetic; the head is straight or slightly extended. The first cauterization is made directly to the ulcerated area. Then the infiltrations are attacked and it is remarkable in some cases how the diseased tissue melts away. As a rule several treatments are necessary at rather long intervals. Of the two patients mentioned above one has returned to work and is leading an active life; the other, from being unable to swallow, has no pain, has gained rapidly in weight and has

every prospect of returning to his work in the fall.

The Removal of Tumors in Adults—The straight method with the small tube makes removal of tumors in any part of the larynx comparatively easy. In an experience of some years, I have failed once to remove a tumor from the right vocal cord. For some reason this patient was unable to tolerate even the 10-millimeter tube and it was impossible to work in his larynx with any hope of success. The tumor was removed later by the indirect method.

A man, 62 years old, was referred to me for diagnosis of a large tumor involving the right half of the larynx. Because of a low-hanging epiglottis it was impossible to get a good view of the mass with the mirror. The patient was round-shouldered and had a stiff neck, which could not be extended at all. Since the head was carried somewhat flexed, I was doubtful of the success of the straight method. With alypin anesthesia, and without moving the head, the small tube was passed between the left bicuspid teeth, the growth quickly exposed and a piece removed for pathological examination. By no other method could the larynx have been so quickly and satisfactorily exposed.

For growths in the anterior commissure or on the vocal cords the method presents fewer difficulties than other methods with which I am acquainted. In a number of cases tumors anteriorly and singer's nodes have been removed with little or no difficulty.

The Removal of Foreign Bodies From the Larynx—In the removal of foreign bodies straight direct laryngoscopy is an ideal method. Two such cases have come under my observation. One, a girl, two years old, swallowed a bone, which lodged in the glottis and remained there from Sunday until Thursday, when it was removed through the small tube, with the head straight. At the solicitation of the parents chloroform was administered. I mention this only to condemn it, because general anesthesia adds unnecessary risk to direct laryngoscopy.

The second case was that of a boy, 10 years old, who went to sleep with a collar button in his mouth. He was suddenly awakened by a sensation of choking, accompanied by a severe paroxysm of coughing. When his physician arrived an hour later he found it necessary to do an emergency tracheotomy. With the head straight

the small tube was passed. When the larynx was exposed the collar button was seen wedged in the glottis with the head anterior and the broad base posterior. Considerable force was necessary to dislodge it. No anesthetic was used.

The Removal of Foreign Bodies From the Upper End of the Esophagus—Those of us engaged in tube work have been struck with the large number of foreign bodies which lodge at the upper end of the esophagus. Having tried all methods of operating, I believe that straight direct esophagoscopy is the simplest and quickest procedure in all cases in which the foreign body is located at the upper end of the esophagus. Since perfecting this position I have used no other method. The position of the head is exactly the same as for direct laryngoscopy. The instrument is the 10-millimeter tube, which is introduced in the same way, except that the spatula end is carried straight down behind the larynx, which is gently lifted, or, in adults, in the sitting position, pulled forward. The upper end of the esophagus is quickly exposed and foreign bodies or strictures diagnosed. Foreign bodies are removed in a few seconds without anesthesia. Since I consider operations at the upper end of the esophagus of much importance, especially in children, I will mention a few cases to illustrate the simplicity of the straight method. A little girl had swallowed a nickel a week before I saw her. At the time the mother picked the child up by the feet and shook her vigorously, which procedure was followed by the appearance of the coin. The child did not recover her usual cheerfulness and seemed to have some difficulty in swallowing. A physician was called, and after hearing the history and making an examination decided there was nothing in the esophagus. At the end of five days the patient had grown gradually worse, so another physician was called, who suggested an X-ray picture, which was made at St. Joseph's Hospital. A shadow was seen at the seventh cervical vertebra. The next day, with no special preparation, the patient was taken to the operating room wrapped in a sheet and placed on the table with the head straight. A nurse stood at the head of the table to steady the head of the patient. Standing on the left of the table, I passed my modification of Jackson's old laryngoscope between the incisor teeth and pushed it rapidly down back of the larynx, which was gently lifted. Holding the instrument with the

left hand, I passed Bruings' extension forceps through the tube with the right hand, grasped the coin and removed it. No anesthetic, local or general, was used, the mucous membrane was not torn and the child left the table unhurt. The operation did not take two minutes.

Some time ago a baby, eight months old, was brought to the hospital with the history of having swallowed an open safety pin that morning. The little patient was wrapped in a sheet and placed on the table with the head straight and held by a nurse. The small tube was passed, the upper end of the esophagus exposed and the pin located with the point up and sticking in the left esophageal wall. Instead of closing the pin before attempting removal, I decided to try a plan which seemed practicable. With forceps passed through the tube, I disengaged the point from the esophageal wall and pulled it up in the tube, thus doing away with the danger of piercing the wall. Since the body of the pin was to the right, the tube was now carried as far as possible to the left and tube, pin and forceps removed together. There was no tear of the membrane and the patient made an uneventful recovery.

An interesting case was that of a child who had swallowed a piece of St. John's bread about eight hours before. The patient was operated upon at night, having been unable to swallow since the accident. He was pinned in a sheet and held on the table with the head straight. Bruings' electroscope with the 10-millimeter tube was used for exposing the larynx. The foreign body was located at the upper end of the esophagus, completely filling the lumen. Because of the fact that the stem had gone down first, the object was difficult of removal. It was finally grasped and removed. The patient made an uneventful recovery.

Before closing I will refer to straight direct laryngoscopy as an aid in passing the bronchoscope. In adults I am convinced that the straight position makes bronchoscopy easier. With the head practically straight in the sitting position, I pass Jackson's bronchoscope without the aid of the laryngoscope. The tube is passed usually between the right bicuspid teeth because both bronchi can be explored with equal facility from this side. After the throat and trachea are anesthetized through the 10-millimeter tube, the bronchoscope is passed in the same manner as the laryngoscope. When the epiglottis is seen the

handle is slightly depressed to throw the end of the tube against the wall of the pharynx. The bronchoscope is then pushed down for half an inch; then by raising the handle the end is brought forward against the laryngeal surface of the epiglottis, which is pulled forward and the larynx exposed. With a good view of the cords the spatula end is gently pushed into the trachea regardless of the movements of the cords. The operation is thus performed without the use of large laryngoscopes, which tend to cause pain and to upset the patient. The advantage of the method lies in the fact that the head is nearly straight throughout the examination and the patient complains of little or no neck pain after it is over.

And, now, just a word as to the use of the straight method under general anesthesia. In all recent articles on the subject I have tried to emphasize the ease with which bronchoscopy can be done with the patient's head on the table supported by pillows. The body, too, must be raised by cushions at least six inches above the plane of the table. With the patient in this position—head and body on separate cushions—the laryngoscope is passed as above described. With the tube in position the seven or nine-millimeter bronchoscope is pushed through it and between the vocal cords in a few seconds. The laryngoscope is now removed, while an assistant steadies the bronchoscope. The pillow is taken from under the head, which is gently lowered to the plane of the table. The operator takes his seat on a stool and proceeds with the examination, controlling the movements of the head himself. It is surprising how little extension is necessary for successful work. I have used this method a number of times in adults and older children and it has worked admirably. I have not tried it in younger children because I examine all such without anesthesia. I have used it successfully in a boy, seven years old. The chief advantage of the method is that no trained assistants are needed.

Last April in trying to locate the cause of a free expectoration of pus in a boy, 17 years old, I passed the nine-millimeter tube, under local anesthesia, with the head straight as above described. A few days later I used the seven-millimeter tube. I am satisfied that I could have passed a 10 or even 11-millimeter tube with equal ease had it been necessary.

The first patient on whom I tried the method

under general anesthesia was a man, 21 years old, who had a scarfpin in the right bronchus. The nine-millimeter tube was passed, with the head straight. The Boyce position was then assumed and the examination proceeded with. The next patient was a boy, nine years old, who was successfully examined. In no case have I seen any injury to the trachea nor can I see how such could happen if the method is used with the proper care.

Examination of the upper end of the esophagus in adults is easily made with the 10-millimeter tube, with the head straight or slightly extended. In two cases—a congenital membrane at the upper end of the esophagus and a cicatricial stricture an inch and a half below the upper end—diagnosis was promptly made without the aid of the esophagoscope. The greatest field of usefulness, however, is in children.

The Usefulness of the Method as a Means of Diagnosis in Children—With the two-cell battery made by the Electro Surgical Instrument Company and the tungsten lamps, I examine patients at their homes with no trained assistants. Some time ago I was called in consultation by a physician who had never seen a direct laryngoscopy. The patient was a girl, 22 months old, who had dyspnoea, which increased on exertion for many months. At times when she took cold the breathing became much worse, and in one attack the attending physician was so sure that she had laryngeal diphtheria that he administered antitoxin. There was constantly a hoarse, croupy cough. The child was examined at the house, with a sewing machine as a table and with the physician and the mother as assistants. The larynx was found normal. An X-ray picture showed a persistent thymus gland.

A baby, one month old, was brought to my office one night at 10 o'clock with dyspnoea and cyanosis. With the father and mother as assistants, I exposed the larynx, with the head straight, and found it normal. A radiograph revealed a persistent thymus gland which was cured by several X-ray treatments. For the examination of infants I have had made a short 10-millimeter tube, patterned after the Jackson laryngoscope, which works better than the long instrument. One day last year while making my round at St. Joseph's Hospital my attention was called to a girl, four years old, who was under treatment for hip disease. She had developed slight dyspnoea

that morning and it was necessary to make a prompt diagnosis. The patient was placed on the table, with the head straight, and the 10-millimeter tube passed. When the larynx was exposed membrane was seen on the vocal cords and in the subglottic space. In a few minutes the diagnosis of laryngeal diphtheria was made, the child isolated and given antitoxin.

CONSERVATIVE ABDOMINAL CESA- REAN SECTION.*†

By CHARLES L. JENNINGS, M.D., Class of 1906.
Jacksonville, Fla.

What I have to say, will not, I am confident, meet with the approval of the entire medical profession. What is said is not intended as a criticism of the profession or any member thereof, what I record being my personal observation of certain conditions met with in my obstetrical practice, therefore you will not be overburdened with scientific matter.

The history of this operation dates back to the days of the early Egyptians and was done as a routine on women dying in childbirth. The operation is also referred to in the myths of the early European races. Dionysius was cut from the dead Semele. The operation on the living was also practiced in the early days. Felkin, as early as the fifteenth century, records the natives of Uganda as having performed the operation after preparing the patient and their hands with wine made from the banana. The patient was made drunk with wine and made a quick recovery.

In 1500 J. Nufer, a swine gilder of Switzerland, successfully delivered his wife in this way after a dozen midwives and several barbers had failed to deliver by the birth canal. Although this operation was undertaken on the living in the early ages, it was never done unless it was clear that the woman would surely die and that the child might be saved. Kayser reports a mortality of 82 per cent. in 1844. Tarnier states there was not a successful case in Paris up to his time during the nineteenth century.

The cause of death in the early operations was due to either hemorrhage or infection. Until

*Read before the forty-first annual meeting of the Florida Medical Association at Orlando, May 13-15, 1914.
†Reprinted from *The Journal of the Florida Medical Association*, October, 1914.

Sanger, in 1882, introduced the first suture into the uterus during the operation, it is no wonder that a great number died. In 1887 Parro advised the removal of the uterus to prevent infection. In our present day of surgical technique we need not stand back on these grounds.

Since the early nineties the obstetricians have looked to the field of surgery to aid them in obtaining better results and today surgical principles are applied to obstetrics, but are often neglected or badly abused. Physicians have been too slow in many cases in resorting to surgery or to call in one who will carry out the proper surgical treatment necessary to save the life of mother and child. Not every case of obstetrics with complications calls for abdominal Cesarean section, but there are a great many cases which demand this operation in which the prospective mother is denied the benefits of surgical interference until it is clear to the surgical thinking obstetrician that it is too late to benefit either her or the child. No man trained in our profession would allow a patient under his care to slowly die of intestinal obstruction, whether the patient be man, woman or child, nor would he stand by and see a woman slowly bleed to death from a sub-mucous fibroid, or from an ectopic gestation. A man with stricture of the penis or rectum can readily get relief, but how many women and unborn children go to the Great Beyond because we as a profession do not grasp the one great idea that obstetrics is a surgical condition and that it should be so treated. Until a few years ago the students of our medical schools were taught to look to the welfare of the mother in this most trying ordeal and to give the unborn child but secondary consideration, not hesitating to kill or mutilate it if by so doing the mother's life might be saved, disregarding the fact that she might thereafter be an invalid for life with her pelvic organs in such condition as to be a burden to her.

The right-thinking man will agree that from the beginning of conception until parturition there are two lives entrusted to the physician's care, and it should be his duty and required of him that he take the proper steps necessary to save both lives. He should not follow a procedure which, while it may save the mother, will leave her an invalid for life, nor should the child be subjected to a line of treatment which in all probability will leave it in a badly disfigured condition or worse, one who will grow up mentally deficient. No

doubt there are many today behind prison bars, and others that help fill our various reform schools and asylums, who, if the truth were known, are there as a result of pressure producing hemorrhage in the undeveloped brain from the use of forceps. Such a hemorrhage may be small, giving no symptoms immediately after birth, but in later years, when the area of the brain in which the hemorrhage is located is called upon to perform its functions, the effects of hemorrhage at birth become evident.

Indications for Abdominal Cesarean Section—It is generally recognized that every woman should place herself under the care of a physician just as soon as she becomes pregnant and that the physician should leave no stone unturned in caring for her and the prospective child. He should fully instruct his patient concerning her personal care and the effect of this care upon the physical development of the child. He should look closely to the eliminating organs, constipation should be relieved, by the use of drugs, the urine should be examined every few weeks, and at frequent intervals should the slightest trace of albumen be discovered. Toxemia is to be dreaded in all cases. A woman may be suffering from a well marked toxemia and yet not show albumen in her urine, so when she presents clinical symptoms indicating a toxic condition, the nitrogen output should be determined and proper steps taken to rid the patient of toxins before they result in eclampsia, for this is the most dreaded of all toxemias and is one of the greatest indications for conservative Cesarean section. There are more theories advanced on the etiology of eclampsia than we could well discuss in a week; in my opinion, it is due to a defect in metabolism. When the patient's condition is fully known by the physician and he has been prompt in his eliminative treatment, but without beneficial results, it is not then wise to wait for the appearance of convulsions before instituting radical treatment. In all severe toxemias the uterus should be emptied as quickly as possible, adopting the least dangerous method, having in view the saving of both mother and child. We should not lose valuable time with dilating bags, by forcible dilating and tearing a rigid cervix with instruments or hand, nor wait until the patient is exhausted as a result of her efforts to give birth to the child. We should not use opium or some other narcotic and feel that we have done our duty, or kill the un-

born child by a mutilating operation or by unsuccessful attempts to deliver through the birth canal, but should at once advise a Cesarean section which would, in all probability, save both mother and child, making invalids out of neither, but preserving them both in a normal physical and mental state. We can deliver in one-half the time with about an equal amount of preparation, the maternal mortality in palliative and slow delivery is, according to the best authorities, from 20 to 45 per cent., the infant mortality from 30 to 60 per cent. In rapid delivery the maternal mortality is reduced by from 2 to 15 per cent. and the infant mortality by from 2 to 10 per cent. The more rapid the delivery after the first convulsion, the lower the mortality for both. In the presence of eclampsia, I have had four cases in which I did Cesarean section without the loss of either mother or child.

Under palliative and slow delivery I have had eight cases, losing one mother and three infants. In the case in which the mother was lost the infant was still-born, both would probably have been saved by a more rapid delivery, but the husband would not give his consent to an operation.

A positive indication for Cesarean section is where the size of the child is out of all proportion to the pelvic outlet, making a normal delivery impossible. The narrowing of the pelvic outlet due to the presence of tumors or an exostosis of the pelvic bones also calls for this operative procedure.

Placenta previa centralis is another indication for Cesarean section, and in these cases, even when the patient has lost considerable blood, the operation is well stood and but little additional hemorrhage need occur.

Contracted pelvis as an indication for this operation is considered by most authorities under two heads; absolute and relative. An absolute indication being when there is no other way of delivering either a living or a dead child. Relative indication is where a mutilated or dead child can be delivered through the birth canal.

To enable one to be ready for this complication when labor sets in, a physician should use the pelvimeter in his routine examination of all pregnant women, for this instrument is just as important in the care of the pregnant as the thermometer is in the care of a fever patient or the X-ray in the treatment of fractures. According to most authorities, when the conjugata vera

measures less than 6 or $6\frac{1}{2}$ c.m., Cesarean section is absolutely indicated. With a measurement of over $6\frac{1}{2}$ or 9 c.m., the condition is a relative indication for operation, it is my opinion that both of these are absolute indications for a conservative Cesarean section. What has been said in reference to the surgical treatment of eclamptic cases is also true in cases of this class. We should not wait until the patient has exhausted herself in labor or until we have exhausted her through unsuccessful attempts to deliver her and then expect the operation to be of any value, for under these circumstances the operation is more than apt to be brought into disrepute. Under these etiologic factors I have had four cases without the loss of either mother or child. One patient had had a very difficult labor five years previous in New York, an instrumental delivery resulting in the loss of her child and causing the birth canal to be so badly lacerated that the vagina and cervix uteri were a mass of scar tissue which would not yield to uterine contractions. She had been in labor for 24 hours before Cesarean section was accomplished. Two of the cases had to submit to surgical procedure owing to contracted pelvis complicated by large infants. The fourth case was one of placenta previa centralis.

Among other complications that we meet with in obstetrical practice calling for Cesarean section may be mentioned abnormal presentations, while in cases in which there exists a persistent posterior occiput with a head wedged in the pelvis and unable to rotate, Cesarean section offers the most probable manner for the successful delivery of the infant with a minimum danger to the mother.

Contraindications for Conservative Cesarean Section—In cases where the patient is exhausted from her own efforts and where we have no proper hospital facilities to maintain a proper technique.

In cases where the woman is in labor with a dilated cervix or where the cervix is pliable and there is no disproportion between the child and the pelvic outlet. An abdominal section should not be attempted where the child is dead or in cases which have been frequently examined or undergone manual manipulation.

It is my belief that in a short time, with proper surgical principles, together with careful analysis of individual cases applying to obstetrics, we will

read of destructive and mutilating operations as a thing of the past.

The use of high forceps on a head that is not engaged should be condemned.

A careful obstetrician can in almost every case determine his line of treatment before the patient goes in labor, he can have all of his preliminary preparations made, such as posting the family what to expect and assuring the patient that he will care for her without difficulty. Hospital arrangements should be made. There is no woman who wishes to become a mother that would not gladly go through an operation of Cesarean section for a perfect living child, rather than go through an instrumental delivery or mutilating operation, for a dead or a mentally deficient one, and be herself a sufferer and invalid.

General Observations—As we have said under the head of Eclampsia and Obstruction, the most important contraindications are when the life of the patient is about exhausted and when the patient has been examined frequently by questionable hands. In any obstetrical condition, as in any other abdominal surgical condition, this operation should not be undertaken except under proper surgical surroundings, and by a man of experience in abdominal surgery, together with competent assistants. This procedure, being a child, as well as maternal, saving operation, should not be done if the child is dead, unless the difficulties of delivery are seen to be insurmountable by the birth canal.

The Technic of Cesarean Section—This can be found in all works on obstetrics and varies only in minor details. There are a few differing points, such as the location of the incision in the uterus, which is a matter of choice with the operator.

The amount of blood lost can easily be controlled. In toxic cases it is well to let the patient bleed freely, allowing a greater loss of blood than in other conditions. The patient is then given normal saline solution in proportion to the amount of blood lost. The uterus before being closed should be packed with gauze saturated with 3 per cent. iodine solution. After closure by a double row of sutures, preferably plain catgut for the muscle, and chromic catgut for the sero-muscular sutures, the abdomen should be closed in layers. The operator should then see if there is proper dilatation of the cervix, thereby assuring good drainage. The gauze packing in

the uterus can be removed at this time or 12 to 24 hours later. It is well to have the patient's stomach washed out on the table before she awakens, leaving a suitable dose of castor oil or sulphate of magnesia in the stomach. This will clear the alimentary tract within 12 hours, lessening, especially in toxic cases, the discomfort and the danger of acute dilatation of the stomach. After the bowels have moved well the patient should be placed on a liquid diet for 24 hours and then gradually the diet may be increased. The baby should nurse regularly after the first 24 hours. In all of these cases it is my practice to give from 15 to 20 drops of the Fluid Extract of Ergot t. i. d., to aid involution. The patient should be kept in bed for at least 10 days.

The question of sterilizing the patient during the operation is an important one, and should not be thought of except in cases where some chronic disease is present.

The influence of Cesarean section on future pregnancies is very slight when the uterus is properly closed and is not followed by an infection. One of my patients has had a normal labor without any complications since her operation. She was operated on the first time for eclampsia, two more of my patients are now pregnant, one of whom, in all probability, on account of a contracted pelvis will have to undergo the operation a second time.

Have had two cases since this report—one for eclampsia, one for c. pelvis—making 10 cases, without a death of either mother or child.

CORRESPONDENCE

Editor The Hospital Bulletin:

Dear Sir—The closing sentence of Dr. Charles W. Mitchell's letter of December 1, 1914, to THE BULLETIN is a clear and succinct statement, to wit: "Such a lack of get-together spirit is a bad omen for the University." It required just such an incident to break the news to Dr. Mitchell. This is not sufficient evidence to say there is no esprit de corps. What is the trouble? There is a reason, and there is a remedy.

"God give us men. The time demands strong minds, great hearts, true faith and willing hands. Tall men—sun-crowned."

Give us a real University of Maryland. An amalgamated alloy—never. Yours truly,

WIRT A. DUVAL.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, JANUARY, 1915.

AN APPEAL FOR AN EYE, EAR, NOSE AND THROAT RESIDENT.

The nose, throat, eye and ear departments have made rapid strides during the past few years. Where ten years ago it was a rarity for a patient with one of these diseases to be entered in the Hospital, it is not now unusual for quite a number to be in the Hospital at the same time, and for as many as half a dozen operations or more to be performed in one day. It therefore behooves the Hospital Committee to adequately provide for the comfort of these patients if it desires a continuance of the patronage of the men of these specialties. Certainly it is not asking too much that these patients be accorded as excellent service as those patients in the other surgical specialties. So far the nose, throat, eye and ear men have been greatly handicapped in their work by the assignment to them of more or less unskilled assistants, and assistants whose interests are in other lines. Generally the gynecological assistants have been assigned this duty, certainly an anomaly, which is excellent experience for the assistant but bad for the operator. The otological, rhinological and laryngological operators ought to be encouraged in bringing their private work to the University Hospital, if for no other reason than it adds considerably to the Hospital's income. Is it therefore unreasonable to bespeak for these men a resident especially assigned to this class of work and no other? Surely not. Such an appointment would definitely show that

the Hospital Committee is alive to the eye, ear, nose and throat interests.

THE PATHOLOGICAL FUND.

This fund was increased during December by contributions amounting to \$20, and the amount in hand at present amounts to \$20,968.63, to which must be added accrued interest for the past year. The Trustees of the Endowment Fund held a meeting on the 11th of this month, and we expect to be able to give their annual report shortly.

While these are not favorable times for raising funds for scholastic purposes, we shall be very grateful for contributions to any of our undertakings. The times are bad, and by so much are our needs increased.

ITEMS

By special request we publish a list of our alumni located in Florida:

Howard S. Holloway, class of 1903, Chattahoochee.

James E. Rawlings, class of 1904, Daytona.

Wm. E. Van Landingham, class of 1905, B.M.C., Fort Pierce.

Etienne Lartigue, class of 1897, B.M.C., Gainesville.

Lee E. Bransford, class of 1910, B.M.C., 241 W. 8th street, Jacksonville.

Russel H. Dean, Jr., class of 1912, 305 Cedar avenue, Jacksonville.

Charles L. Jennings, class of 1906, 131 W. Adams street, Jacksonville.

James D. Love, class of 1897, 501 Laura street, Jacksonville.

Robert H. McGinnis, class of 1897, 501 Laura street, Jacksonville.

James B. Parramore, class of 1908, 412 E. Monroe street, Jacksonville.

Louis Stinson, class of 1911, Duval Building, Jacksonville.

Charles E. Terry, class of 1903, City Hall, Jacksonville.

Frederick J. Wass, class of 1905, Barnett Building, Jacksonville.

George Walter, class of 1910, St. James Building, Jacksonville.

Abner J. P. Julian, class of 1883, Lake Butler.

Dwight G. Rivers, class of 1911, Lake Butler.

Cicero W. Love, class of 1902, Lakeland.

J. Ansley Griffin, class of 1906, B.M.C., Lake Worth.

George W. Brown, class of 1889, Lawtey.

Warren D. Bush, class of 1893, B.M.C., Leesburg.

Adam Clark Walkup, class of 1909, McIntosh.

Edwin M. Jones, class of 1910, B.M.C., Miami.

Otho M. Muncaster, class of 1866, Miami.

William C. Chowning, class of 1904, New Smyrna.

Arthur L. Izlar, class of 1889, Ocala.

Hugh W. Henry, Jr., class of 1891, Oklawaha.

Sylvan McElroy, class of 1907, Orlando.

Wm. C. Person, class of 1873, Orlando.

Calvin Todd Young, class of 1903, Plant City.

George S. Stone, class of 1890, Punta Gorda.

Clyde C. Mack, class of 1904, Quincy.

Oscar Wentworth King, class of 1907, Sanford.

Samuel Puleston, class of 1902, Sanford.

Charles M. Ausley, class of 1901, B.M.C., Tallahassee.

Benjamin J. Bond, class of 1904, Tallahassee.

Ephriam M. Breward, class of 1894, Tallahassee.

John K. Johnston, class of 1912, Tallahassee.

Frederick C. Moor, class of 1903, Tallahassee.

George H. Altree, class of 1892, B.M.C., 1103½ Franklin street, Tampa.

Charles W. Bartlett, class of 1892, 508 Eighth avenue, Tampa.

Louis A. Bize, class of 1895, B.M.C., Citizens' Bank Building, Tampa.

Astride W. Giampietro, class of 1907, 917 Twenty-second avenue, Tampa.

James M. Grantham, class of 1908, B.M.C., 515½ Franklin street, Tampa.

Rollin Jefferson, class of 1903, Giddens Building, Tampa.

J. Brown Wallace, class of 1897, 706½ Franklin street, Tampa.

Guy S. Peppers, class of 1911, B.M.C., Titusville.

A tube containing \$200 worth of radium salts has disappeared from the University Hospital. It is thought the same has been stolen, and the police authorities have been notified.

Dr. William Fulford Sappington, class of 1901, of Webster Mills, Pa., has removed to Hancock, Md., where he has opened offices. He was a recent visitor to the University Hospital.

Dr. John C. Hemmeter had as his guests at a beautifully-appointed dinner on December 3, at his Roland Park home, given in honor of his guest, Dr. Lewis Gregory Cole of Cornell, Drs. Randolph Winslow, Caspar Gilchrist, Albert Carroll, John Ruhrah, Harry Baetjer of Baltimore, and Dr. Clement Jones and Dr. William Mercur of Pittsburgh.

Prof. Randolph Winslow, accompanied by Mrs. Winslow and Miss Eliza L. Winslow, attended the annual meeting of the Southern Surgical and Gynecological Association, which was held this year in Asheville, N. C., December 15-17, at which he read a most interesting paper. They also visited friends in Chattanooga, Tenn. Though its membership is limited to 200, this association is recognized as one of the best among the special surgical organizations in the United States. It was founded by that rare genius and lovable man, Dr. W. E. B. Davis of Birmingham, with the co-operation of the great Confederate surgeon, Dr. Hunter McGuire, and other distinguished Southern surgeons, yet it is not a sectional or "regional" organization. It has on its roster the names of most of the leading surgeons of the entire United States, though the majority of its members are Southern men. The secretary, Dr. W. D. Haggard of Nashville, is one of the leading American surgeons, and a worthy successor to the lamented Elias Davis, as will be seen in the remarkable programs which he arranges each year, which are noted for their wide range of scientific and interesting papers. The program this year was fully up to the standard of former years. The Transactions of the Southern Surgical and Gynecological Association, containing the papers read and discussed at their meetings each year, are edited by the secretary and published in book form, making a splendid volume on the recent advances in surgery.

Dr. A. S. M. Coleman, class of 1914, who has been ill in the University Hospital, has left for his home in Georgia to recuperate. Dr. Coleman is serving as assistant resident obstetrician in the University Hospital.

Dr. Fred R. Rankin, class of 1909, formerly an assistant resident surgeon in the University Hospital, now instructor of surgery in the University

of Maryland, has returned from a vacation spent at his home in North Carolina.

Dr. J. M. Buch, class of 1913, who is located at Sagarra Alta No. 43, Santiago, Cuba, sends us his card, with his best wishes for a happy new year. We wish him the same, and many of them.

Amongst the recent visitors to the University Hospital was Dr. Benjamin H. Dorsey, class of 1901, a passed assistant surgeon in the United States Navy. After graduating Dr. Dorsey served a year in the obstetrical department of the University Hospital. He then entered the United States Navy as assistant surgeon and was later promoted to his present rank. Since entering the navy Dr. Dorsey has served in all parts of the world and was a participant in the famous world-circling cruise ordered by President Roosevelt. His latest service was at Vera Cruz, where he was a member of the landing party, serving with the marines during those two exciting days. He is now visiting his home, Ellicott City, Md., on a furlough, after a term of service of more than six months in the tropics. Since graduating, Dr. Dorsey has been a credit to his Alma Mater, and it was a pleasure to welcome him again among us.

Dr. Humphrey W. Butler, class of 1913, who on April 22, 1914, was married to Miss Mildred Bartownia Baker of Fredericksburg, Va., at Fredericksburg, is located in Canhotinoho, Estado de Pernambuco, Brazil, South America. Dr. Butler is associated with his father, who owns a hospital there. He expects to come to the States in another year, where he will locate.

Dr. A. K. Moilliet, B.M.C., class of 1909, writes under date of December 12, 1914, that he is located at Vera Cruz, Mexico, and that his present address is care Cia, Mex. de Petroleo "El Aguila," S. A., Apartado 116, Minatitlan, Vera Cruz, Mexico. The last time we heard from him he was in Seymour, Tex. Dr. Moilliet was formerly located in Aire Libre Pueblo, Mexico, but on account of the abnormal conditions existing at that time in Mexico, moved into Texas.

The Baltimore County Medical Association held its December meeting at the Medical and Chirurgical Faculty Building, 1211 Cathedral street, December 16. Dr. Charles W. McElfresh,

class of 1889, gave a most interesting talk on "Clinical Diagnosis," and its results when applied to "every-day ailments," especially severe headaches. He cited the case of a North Carolina man who came to the hospital suffering from a blood pressure of 260, and who, by dieting, left with a pressure of 180, and in a year or so, by continued dieting, reduced his pressure to 140 and entirely eliminated the headaches. The secret of the cure lay in finding what foods contained the chemical properties that his system needed. The January meeting will be held at Eudowood Sanatorium.

Dr. Norbert Charles Nitsch, class of 1913, who has been an interne at St. Agnes' Hospital for the past year and a half, was recently operated on for appendicitis. He has now fully recovered and is spending some weeks on a trip before taking up his work again.

Dr. Antonio Balart, class of 1914, announces that he has opened offices at 36 North C. Garcia street, Guantanamo, Cuba.

Mrs. Ethel Palmer Clarke, former superintendent of the University Hospital Training School for Nurses, and a member of the class of 1906, was a recent visitor to the University Hospital during the Christmas holidays. Mrs. Clarke is now taking a special course at the Teachers' College at Columbia University, New York. While in Baltimore she met a number of her former friends, who accorded her a warm welcome.

We are glad to report that Miss Simmons, a pupil nurse at the University Hospital, is convalescing from her recent illness.

Amongst the recent visitors to the University Hospital was Dr. Norman I. Broadwater of Oakland, Md. Dr. Broadwater graduated with the class of 1909 and served a year as assistant resident physician at the University Hospital. It gives us great pleasure to announce to his many friends that he has succeeded in building up a large and lucrative practice.

Prof. Randolph Winslow, who has been confined to his home with an attack of grip, has resumed his duties.

We regret to report that Dr. J. McFadden Dick, class of 1895, who was operated upon last month, is ill in the Peninsular General Hospital, Salisbury, Md. Dr. Dick is one of the leading surgeons of Salisbury, and has our best wishes for a speedy recovery.

The regular fall meeting of the Nurses' Alumnae Association of the University of Maryland was held at the University Hospital on December 7, Miss M. E. Rolph, president, in the chair. After the business meeting several nursing topics were discussed and a social hour was spent. Refreshments were served.

Dr. George R. Baalith, B. M. C., class of 1906, of 1014 Wylie avenue, Pittsburgh, Pa., recently spent a week in the city calling on old friends.

Miss Corinne Bogart, University Hospital Training School for Nurses, class of 1915, who was operated on recently at the hospital for appendicitis, has gone to her home in Martinsburg, W. Va., to recuperate.

Dr. Leonard Hays, class of 1913, was a recent visitor at the University Hospital, and spoke of the interesting work he is undertaking. Dr. Hays has been in Dr. Gottheil's clinic for the past year, and expects shortly to work under Dr. Fordyce, both of whom are among the foremost dermatologists and syphilographers in this country. We extend our heartiest congratulations to Dr. Hays on his wonderful opportunities.

Mrs. Nathan Winslow—Margaret Kable Massey, class of 1903—University Hospital Training School for Nurses, who recently underwent a second operation at the University Hospital, has sufficiently recovered to return to her home. It is with much pleasure that we learn that she is improving steadily, and we trust will soon fully regain her strength.

Miss Lucy Hill, class of 1914, who was recently operated on at the hospital, has resumed her duties.

Miss Nancy L. Walton, class of 1904, of Annapolis, Md., who was recently a patient at the University Hospital, has sufficiently recovered to return to her home.

Mrs. Ryan, a probationer, who recently underwent an appendectomy at the University Hospital, is convalescing. We wish her a speedy recovery.

Miss N. L. Brian, class of 1907, who for some years had charge of the Atlantic Coast Line Hospital at Rocky Mount, N. C., has returned to Baltimore to engage in private nursing.

We are in receipt of the two following letters from Dr. Branch Craige, class of 1909, located at El Paso, Tex.:

"November 30, 1914.

"Dear Nathan:

"I would greatly appreciate it if you will send me a copy of THE BULLETIN containing the names and addresses of the class of 1909. I was very sorry I could not attend the reunion. I hope you are busy, well and happy. All good wishes.

"Sincerely,

"B. CRAIGE."

"Dear Nathan:

"Many thanks for THE BULLETIN containing the names of my class.

"I am sending you, under separate cover, our Medical Co. Bulletin, with an article by myself on cercomonad diarrhea. You will see I am claiming something new in this article, and it has caused a good deal of discussion here. I would greatly appreciate it if you could in some way bring the subject up before the hospital staff and see whether there have been any cases reported in Baltimore. I suppose THE BULLETIN does not print any but original articles written especially for THE BULLETIN, but if you can work it in some time when you are short on articles I would be glad. I believe the cercomonads are just about as bad or worse than the ameba coli.

"Wishing you a very happy Christmas and a most prosperous New Year, I am,

"Sincerely,

"BRANCH CRAIGE."

The article will be published later.

Dr. Albert H. Carroll entertained informally a number of out-of-town guests, who had arrived for the Medical Society meeting on December 3, at the Baltimore Athletic Club. Among those present were Dr. Lewis Gregory Cole of Cornell, Dr. Gerry Morgan of Washington, Dr. Clemment Jones and Dr. Mercur of Pittsburgh, and Captain

Cristy of the Army X-ray Museum in Washington.

The University of Maryland Medical Society met on December 3 in Chemical Hall. Dr. Lewis Gregory Cole lectured on "The negative and positive diagnosis of the stomach and duodenal cap." His recent brilliant work, done with the X-ray, in serial radiology was illustrated with lantern slides and a great number of cinematograph pictures of bismuth-laden stomach and intestines. In no way heretofore have we been able to get a really correct knowledge and conception of the peristaltic activities and the complicated mechanics of these organs, and Dr. Cole has added some new knowledge which is not only of deep physiological interest, but he has also made a distinct advance in diagnostic possibilities.

His work cannot be duplicated or repeated even in the very perfectly equipped X-ray laboratories of the day. He has worked with facilities at his command which have arisen from unlimited expenditure of money, and with this he has combined his rare genius in his chosen field. As a result of his exhaustive studies new light has been shed and valuable lessons may be learned from it and from his conclusions. I think that the theory of the "acid control" of the pylorus, which Cannon and others appeared to be able to demonstrate experimentally, must give way before Dr. Cole's very graphic demonstration cinematographically of the opening of the pylorus, and of the exit of food into the duodenum, at the approach of each peristaltic wave to the sphincter, during systole. A wave of contraction that is a peristaltic wave is seen to approach the pylorus, the stomach is in systole, and bismuth passes into the "cap." Diastole follows and the gastric content is seen to fall away from the sphincter and back into the prepyloric portion.

The emptying of the "cap," and he holds that the term "duodenal cap" is a misnomer, since embryologically and histologically this portion is really a part of the stomach, was beautifully shown to take place always from the summit of the "cap," while the base of the cap always contained bismuth. He advances the theory that an important part of digestion may take place here. There appears good grounds for this hypothesis.

Perhaps the most interesting demonstration made was that of the spastic conditions, often showing longitudinal ridges of the distal portion

of the stomach, as a result of reflex stimulation, accompanying remote lesions. The lessening of the lumen and the retention of food, with the gastric symptoms so frequently accompanying pathological conditions of and around the appendix and gall bladder, is made clearer. At least, the roentgenologist is now much less likely to mistake such a spastic condition for a manifestation of purely local inflammation or irritation, once he has seen these typical pictures of such spastic conditions.

Only brief mention of Dr. Cole's brilliant demonstration of his recent work can be made here. He is a man of great enthusiasm, and he has a rare quality as a teacher. He carries conviction by his words as well as by his work. The Medical Society is to be congratulated upon having secured him for this meeting.

The new diet kitchen which has been presented to the Hebrew Hospital by Mr. William M. Benesch was formally turned over to the hospital on November 25. Dr. Harry Adler, president of the board, accepted the gift on the part of the institution. The kitchen is equipped for the preparation of special foods, and is also a school for the instruction of nurses in training in the science of dietetics.

A Physicians' Civic Club has been organized in Baltimore by Dr. William T. Watson, with an initial membership of 25.

At the meeting of the Board of Regents, held in the Governor's offices in the Garrett Building, December 11, the University of Maryland, the College of Physicians and Surgeons and the Maryland Medical College, with three other institutions of learning, were created into a Maryland State University. The affiliation of these institutions was decided on at the last session of the General Assembly, when a law to that effect was passed.

The Board of Regents, after some discussion, decided to postpone the selection of a provost and a secretary of the University until the meeting on the second Friday in January, and that in the meantime the chairman, State Senator William Milnes Maloy, should appoint a committee of three to nominate the two officials. No one was suggested as provost, but there was some discussion of names in connection with the secretaryship.

At the suggestion of the representatives of the

University of Maryland, certain rules as to standards were slightly modified and changed, and some changes in the form of the contract were made at the suggestion of the Western Maryland College delegates. It was decided that any institution might withdraw from the affiliation after giving six months' notice, but it would, of course, thereby lose any advantages which it gained by affiliating.

The Regents have an appropriation of \$5000 a year for administrative expenses, including the salaries of the provost and secretary, and \$15,000 a year for the promotion of medical education, which, it is expected, will be given for joint laboratory work by the three medical schools. The Board of Regents consists of the Governor, Comptroller, Treasurer and Superintendent of Education, one layman from each of the six Congressional districts and two representatives from each of the institutions affected by the law.

At the meeting Prof. Randolph Winslow and Mr. Philemon H. Tuck represented the University of Maryland.

In his estimate for 1915, sent to the Board of Estimates, Health Commissioner Gorter has asked for a new hospital building at Quarantine, and an additional ward building and quarters for nurses at Sydenham. He wants \$50,000 for Quarantine and \$80,000 for Sydenham, in order that both institutions may be modernized.

It was pointed out recently at the Health Department that the present hospital at Quarantine was built and equipped in 1881, and that it is now not only inadequate, but out of date and poorly equipped. With \$50,000, it was asserted, the department can erect and equip a modern hospital, with provision for white patients exclusively.

During the outbreak of smallpox last winter, it was said, the hospital at Quarantine was overcrowded to such an extent that the detention-house had to be utilized for hospital purposes for the first time.

If Dr. Gorter gets what he asks for he will build a home for nurses at Sydenham and another ward for the treatment of persons suffering from infectious diseases. He will also equip the new ward building erected this year.

The department already has \$10,000 left over from the appropriation for this building, and Dr. Gorter wants it converted into a fund for equipping the ward.

Dr. Gorter has also asked for 25 additional employees as follows: Three inspectors of abattoirs, one veterinarian, three assistant inspectors of plumbing, one stenographer, a first assistant inspector of plumbing, three inspectors of drains, five nurses for the medical inspection of schools, one messenger, two chauffeurs, one assistant clerk for the bureau of food and dairy inspection, a rat catcher, one telephone operator and one associate dispensary physician.

MARRIAGES

Florence I. Dilworth, R. N., University Hospital Training School for Nurses, class of 1904, to Mr. William M. Porter, both of Jacksonville, Fla., at Jacksonville, December 3. Mr. and Mrs. Porter will make their home in Jacksonville, where Mr. Porter is engaged in business.

Dr. Hugh Warrent Brent, class of 1903, of 2124 Maryland avenue, Baltimore, was married to Miss Helen von Roden Vogeler, daughter of the late Jerome I. Vogeler and Mrs. Vogeler, of 1506 Eutaw Place, on Wednesday afternoon, December 16, 1914, at the home of the bride's mother. The ceremony was performed by the Rev. William Page Dame, assistant rector at Memorial Protestant Church, in the presence of the members of the two families. Immediately following the ceremony Dr. and Mrs. Brent left for a Southern wedding trip. Upon their return they will reside at 2125 Maryland avenue.

DEATHS

Dr. John Cronmiller, class of 1857, of Laurel, Md., died January 1, 1915, at the University Hospital, Baltimore, after an illness of several weeks, aged 82 years.

Dr. Cronmiller located in Laurel the year following his graduation, where he built up a large practice, which he continued until a few years ago. He is survived by one son, John D. Cronmiller, of Chicago, formerly engaged in the practice of law in Baltimore.

Mary Compton Burnett, R. N., University Hospital Training School for Nurses, class of 1901, of Spokane, Wash., died at St. Luke's Hospital,

Spokane, September 11, 1914, after a long and painful illness. Miss Burnett was a valuable and prominent worker in the nursing affairs of her State. Her pioneer work in the West is an example of excellence and efficiency.

Dr. Clinton Wagner, class of 1859, surgeon-in-chief of the Second Division of the Fifth Army Corps of the Army of the Potomac; prime mover in the establishment of several military hospitals, including the first floating hospital on Western waters; founder of the New York Laryngological Society and instrumental in the founding of the American Laryngological Society; first professor of laryngology and rhinology in the New York Post-Graduate Medical School and Hospital; inventor of many surgical instruments and the author of voluminous literature relating to his specialty, died in Geneva, Switzerland, November 25, 1914, aged 77 years.

Dr. Charles W. Shreve, class of 1858, for many years a practitioner of Dickerson, Md., died at the home of his son in Washington, D. C., November 24, 1914, from the effects of a fracture of the hip three months before, aged 80 years.

Dr. J. M. Sheppard, B.M.C., class of 1894, a member of the West Virginia Medical Association, was found frozen to death near his home at Falls Mills, Va., November 21, 1914.

Dr. Ralph H. Auger, B.M.C., class of 1909, a post-graduate worker in Johns Hopkins Hospital, was found dead in his office in Baltimore November 27, 1914, aged 32 years.

Dr. Charles Edward Wingo, of 228 N. Greene street, died from Bright's disease at his home December 20, 1914, aged 48 years. Dr. Wingo was born April 13, 1866, in Newport, Giles county, Va. When 21 years old he entered the University of Maryland Medical School. After being graduated as a physician he practiced about six months and then took up the study of dentistry. He had been married twice. His second wife, who survives him, was Miss Emma Reilly. He also leaves two sons—Dr. Charles Edward Wingo, Jr., and Archibald P. Wingo; two daughters—Miss Maud Wingo of Baltimore and Mrs. J. W. Kerker of Howard county. Dr. Wingo was a member of the Odd Fellows and the Red Men.

BOOK REVIEWS

REVIEW OF MEDICAL JURISPRUDENCE. By Elmer D. Brothers, B.S., LL.B.

The house of C. V. Mosby & Co., St. Louis, have just published a work on "Medical Jurisprudence, a Statement of the Law of Forensic Medicine," by Elmer D. Brothers, B.S., LL.B., of the Chicago Bar, and lecturer on jurisprudence in the University of Illinois and in the John Marshall Law School.

The book is neatly gotten up, the type is good and clear and the subjects are made easy of reference by heavy-faced type.

The introduction deals with law. It is defined, and municipal, criminal, civil, substantive and administrative law are severally explained. The work proper begins with courts and procedure, then follow evidence and expert witness. In the chapter on hearsay the dying declaration is discussed. As this is looked upon as a statement under oath, it would seem best to have placed it under evidence. Privileged communications are well treated, but we would like to have had them more fully discussed. Seventeen pages are devoted to license, none too much as State laws now stand and hedge in the recent graduate and the older practitioner; here the physician is informed as to his rights under the heads of "Common Law Right to Practice," "Liberty to Pursue Calling," "Right of State to Control," etc.; "Christian Science" and "Miscellaneous Practitioners" are treated of in a fair-minded manner. "Contractual Relations," "Employment and Compensation," "Agreement for Surgical Operation," "Res Ipsa Loquitur" are handled in a brief but highly satisfactory manner, and give important information. Malpractice, civil and criminal, is given most space, occupying 58 pages. This is as it ought to be, in view of the fact that so many damage suits are brought. Anesthetics, wounds and blood stains are treated of. Insanity is discussed under "Mental Faculties," "In Criminal Law" and "In Civil Law." It does not seem to us, however, that the subject has been treated with sufficient fullness as its importance deserves. No doubt it was curtailed to keep within the limits the author had set for the work. At the same time, an increase of several pages would not have been amiss. The last chapter, entitled "Miscellaneous," deals with "Business," "Contracts," "Coro-

ners," "Vaccination," these and others being treated from their legal side.

In the Preface the author states: "Medical subjects are not discussed except where considered necessary to an exposition of the legal subjects or to illustrate the application of the legal principles announced," and in the Introduction he says: "The author has confined himself to the legal phase of the subject, and the reader is referred to standard medical works for the medical side." The quotations will explain why there is an almost total absence of the medical side of the subjects treated. We miss very much apt illustrations. In some places a pointed example of the facts stated would not only be helpful to a better understanding of the matter, but would add interest.

Altogether the work is a desirable addition to those already published, and would make a helpful addition to any physician's library. We would be glad to see the changes noted above made in the next edition.

JOSEPH T. SMITH.

INTERNATIONAL CLINICS. Henry W. Cattell, A.M., M.D., Philadelphia, Editor. Volume III. Twenty-fourth Series. 1914. Philadelphia and London: J. B. Lippincott Company. Cloth. \$2 net.

Herein are recorded the vaccine treatment of typhoid fever, report of a series of 18 cases, therapeutics of the foot, the treatment of diabetes, the nature and successful treatment of rheumatoid arthritis, malaria carriers, the use of a series of vaccines in the prophylaxis and treatment of epidemic pertussis, some practical points in the therapeutic application of static electricity, anal fissures, primary cancer of the clitoris, etc. Surely this is a wide enough series for the most fastidious physician to select from. But these are not all; any one of the unmentioned may be just the article desired by you.

INTERNATIONAL CLINICS. Henry W. Cattell, A.M., M.D., Philadelphia, Editor. Volume IV. Twenty-third Series. 1913. Philadelphia and London: J. B. Lippincott Company. Cloth. \$2.

The present number contains articles on the therapeutic application of mechanical vibration, static electricity, the diagnosis of extensive pulmonary tuberculosis in obscure cases, interpretation of dreams based on various motives, the

psyche in diagnosis, the treatment of hemorrhoids, constitutional immorality, etc. All these articles are of a high order of merit, and carry home real live messages.

PATHOLOGICAL LABORATORY REPORT FOR MONTH OF OCTOBER.

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Preparation of mercurialized and salvarsanized serum on Tuesdays and Fridays.

Abderhalden's sero-diagnosis of pregnancy, cancer, dementia-precox, etc., made daily.

Bacteriologic and routine examination of blood, secretions and excretions, preparation of autogenous vaccines, histological sections, etc., made daily.

H. J. MALDEIS,
A. MORDECAI,
E. L. HORGER.

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No. 12

REPORT OF A FATAL CASE OF DIARRHEA.*

BRANCH CRAIGE, M.D., Class of 1909.
November 16, 1914.

A. E., aged 32. First seen by me August 8, 1914. He gave the following history: "Have been sick for two years. Began with diarrhea which no medicine could check. At that time was working as section hand in New Mexico. Diarrhea continued constantly, and I gradually lost flesh and strength. Six months ago I was compelled to quit work." In answer to questions he said he had almost constant headaches and that his mentality was at times confused; had never had cough, appetite had been poor, had never had any fever, he had vomited occasionally, had never had any straining at stool, had passed no blood, could not sleep well.

Physical Examination.—Greatly emaciated and very anemic man, apparently between the ages of 30 and 40 years. Expression sad and anxious. Features pinched and drawn. Considerably prostrated and very restless. Eye, ear, nose, throat, neck, all negative. Abdomen flat, skin over abdomen flacid and putty-like, with almost no subcutaneous fat. Except for tenderness over the lower right quadrant, the external examination of the abdominal organs was negative. No fever. Patient was having from 10 to 15 stools daily.

Because of restlessness and diarrhea (until I could examine the stools) I gave morphine. The next day I gave a prescription of tannic acid, bismuth sub-gallate, salol and pulverized opium.

These measures checked the number of movements temporarily, but with the discontinuance of them the diarrhea was as bad as before.

Examinations of stools showed lenteric stools with quantities of mucus. No amoebae coli, but swarms of cercomona hominis. No pus. One examination showed a few red blood cells, but in another examination the acetic acid-ether-guaiac test was negative. The stools were examined a number of times, and the cercomonads were always present.

Treatment.—After the first examination of the stools I gave emetine hypodermically, as high as two and one-half grains in 24 hours, following the prescribed intervals for treatment, over considerable periods of time. There was some improvement. The number of stools was decreased and there was some gain in strength, but with discontinuance of the drug the diarrhea and the general condition was the same as before. I also gave enemas of quinine and tannic acid, but I could see no permanent benefit. I do think these enemas reduced the number of stools temporarily. To be brief, the only thing that seemed to do any real good was ipecac in the enormous doses of 40 to 70 grains in 24 hours, given in salol coated pills every day for several days, then every other day in smaller doses.

At times on the ipecac treatment the patient became very much encouraged. Occasionally the number of stools decreased to two or three in 24 hours, and the man began to ask when he might go to work. This improvement lasted, though, only for a short time, and he gradually grew worse until he died, on November 4, emaciated to the last degree from an exhausting diarrhea.

I might add that the diet was so regulated as to

*Reprinted from The Bulletin, El Paso County Medical Society, December, 1914.

restrict any food that might aggravate the condition.

Dr. Waite did an autopsy with the appended findings.

Another patient came to me last May complaining of constant and obstinate diarrhea. I treated her with emetine and some of the other remedies used in different diarrheas for about two months without much improvement. By mutual consent she went to another physician, who treated her for several weeks. During this time she improved somewhat, but became dissatisfied and went to a third physician, who told her she had amoebic dysentery and treated her for it. Time, or different treatment, or both have improved her a great deal, but she told me last week that she still had occasional attacks of diarrhea and had to take the ipecac pills and the quinine enemas. Dr. Prentiss and I examined the stools of this patient repeatedly and could never find any amoebae coli. On each and every examination we did find the *cercomona hominis* in great numbers.

In presenting these cases I wish to thank Dr. Prentiss for examining the stools with me and Dr. Waite for performing the autopsy.

Now, to my mind, the first of these cases was a fatal case of *cercomonad* diarrhea, and I am reporting the case for several reasons. First, the textbooks tell us that this parasite is non-pathogenic for man. Second, in the past six months there has been reported in El Paso an epidemic of amoebic dysentery. I thought that by reporting this case the discussion might suggest the possibility that some of the cases reported as amoebic dysentery might be cases of *cercomonad* diarrhea. Third, it seems to me that cases of *cercomonad* diarrhea are more difficult to treat than cases of amoebic dysentery.

REPORT ON POST-MORTEM EXAMINATION FOR DR.
B. CRAIGE AT PEAK UNDERTAKING
ROOMS, NOVEMBER, 1914.

Body.—Mexican man about middle age, considerably emaciated, with no outward signs to indicate the cause of death. Incision made full length of the abdomen. Pleura was opened through the diaphragm. Lungs perfectly normal, intestines and entire stomach removed in one piece and opened and carefully examined. Except for some slight post-mortem changes and a possible ulcer of the stomach, there were no

prominent lesions. The mucosa of the rectum for from four to six inches seemed to be considerably hypertrophied and folded, but there were no ulcerations or erosions of any kind. There was nothing to indicate the cause of death.

WILLIS W. WAITE.

DISCUSSION.

Dr. Garrett: Is not satisfied that *cercomonas* causes diarrhea. Believes they are non-pathogenic. Does not believe they can penetrate the intestinal wall.

Dr. Werley: Recently saw a woman who was sick for three months with persistent diarrhea; fresh stools were filled with *cercomonas*. Emetin had no effect. Ipecac pills were without result, and the same was true of copper arsenite, *chapparo amargoso*, *subgallate*, *subnitrate*, etc.

Said that Dr. Allen Smith had a very pretty theory for explaining the toxic effects of *amoeba buccalis* (the cause of *alveola pyorrhea*) causing rheumatism. The amoeba feed on bacteria, digest them, and in that way turn loose the endotoxins, which give them a chance to cause rheumatism, etc. In his patient the woman had dilated pupils, a high fever, was involuntary and gave all the signs of suffering from severe toxin. Thought patient was going to die, but eventually she recovered.

Dr. Gaff: Said he had seen a great number of cases in the tropics of severe diarrhea, where in place of the usually described tympanites there was a flat abdomen. About these patients was a very characteristic bad odor, which odor was sufficiently bad as to attract the buzzards, and the cases in the town could be picked out by selecting the houses on which the buzzards were roosting. Used opium in teaspoonful doses, great quantities of sub-nitrate of bismuth, without much results. Finally hit upon routine treatment of mixture of ipecac, lead acetate and logwood. After experimenting with various diets, found that he obtained best results from diet made up almost wholly of turnip tops cooked as greens. By following this diet he only had three or four deaths.

Dr. Prentiss: Said that he had seen a number of cases of severe and moderate diarrhea in which *cercomonas* were numerous in the stools, without any amoebae being found, in spite of the fact that fresh warm stools passed in the office were examined, both diarrhoeal and those resulting from the administration of salts. He believes that Dr.

Craige's case was due to the cercomonas present, as no amoebae were found, no ulceration was found at autopsy, and the patient did not respond to treatment that would in all probability have been curative if the amoeba histolytica had been the causative agent. He recently treated a similar case which also ended fatally. He used Lilly's alcresta ipecac in several cases, and all were made worse by it. Good results were obtained by the use of large doses of bismuth subcarbonate and subnitrate. He does not believe that the presence of cercomonas is proof of the presence of the amoeba histolytica. He recently read a paper before the last annual meeting of the New Mexico Medical Society on the subject of "Cercomona Infection."

The following letters received bearing on the pathogenicity of cercomonas. I will not give the whole letters, but only the important parts:

Dear Sir:

October 6, 1914.

Your letter of September 16th, addressed to Dr. C. W. Stiles and making inquiries about parasitic flagellates, has been referred to this division.

The department has published very little upon this subject, and the only article we have which treats of these forms is a reprint from the Twenty-seventh Annual Report of the Bureau of Animal Industry, which is being forwarded to you under separate cover.

With regard to the forms parasiting man, we refer you to the work of Max Braun for 1906, entitled "The Animal Parasites of Man," in which these organisms are treated in some detail.

Taking up the questions you ask, there seems to be little doubt but that they are pathogenic, and would, if present, certainly aggravate pre-existing conditions. We do not know whether or not they can cause abscess of the liver, but there is no necessary connection between the flagellates and amoebae, and either could be present without the other.

As to means of getting rid of them, we will have to refer you to publications dealing with human medicine.

Very truly,

(Signed) ALBERT HASSELL,

Acting Chief, Zoological Division, Bureau of Animal Industry, U. S. Department of Agriculture.

Dear Doctor: Wilmington, N. C., October 2, 1914.

Replying to your questions, would say that we frequently find flagellate infections in which no appreciable pathological effects are noticed. On the other hand, the European authorities recognize the so-called flagellate diarrhea. I have seen one severe case of flagellate diarrhea in North Carolina. Flagellates are very common in the intestine, even when the amoeba is not found. The one case of flagellate diarrhea that I have treated was handled very successfully with Flowers of Sulphur.

Respectfully,

(Signed) C. W. STILES.

Austin, Texas, September 12, 1914.

Dear Doctor:

Replying, I wish to state that the chief difference between the cercomonas hominis, or intestinalis, and the trichomonas is as follows: the cercomonas is pear-shaped, has a distinct nucleus, and one or more long, tapering flagellae. The body measures from 10 to 20 microns, but the flagellae are three or four times as long as the head or body. The trichomonas is distinguished from the former by its greater size and a row of fine cilia on the periphery. In fresh feces these cilia show active movement.

I am convinced that the trichomonas intestinalis is distinct from the trichomonas vaginalis, although many text books do not bear me out. Dr. Charles W. Stiles will, I think, agree with me in the above statement.

Regarding the fecal microscopy in general, I cannot refrain from remarking that, in my judgment, too many cases of amoebic dysentery are being found. In other words, I am convinced that many men mistake large epithelial cells for the parasite, and report accordingly. I am perfectly astonished at the number of cases reported by men who have not done nearly the amount of work that I have. I do not find the parasite very often in east and central Texas and the Gulf Coast.

Yours very truly,

(Signed) O. H. JUDKINS,

Field Director, Hookworm Commission,
State Board of Health, Austin, Texas.

Dr. Wesson: Said that he recently saw a case of amoebic dysentery, a report of which would be apropos here. It was that of a woman who had been under treatment since the middle of April for severe diarrhea. She had consulted several doctors, and was sent to him on August 31. Said that during her previous treatment she had taken 22 doses of emetin, hypodermically and by mouth (emetine by mouth had caused severe vomiting). At this time she was having frequent fluid stools and was very much discouraged as to her future. He had her come to the office for the purpose of passing rectal tube in order to examine the mucous from the eye of the tube for amoeba coli (this method being that used by Dr. Osler in preference to the use of "salts"). Just as he was preparing the tube, patient said she felt as if she could have a bowel movement, so was given a pan hot from the sterilizer and sent to the toilet (which is just outside the door). She returned in a few moments with a specimen, about two tablespoonfuls of feces that in consistency resembled cornmeal mush, the mucous being in globules. With a platinum loop a piece of mucous was put on a warm slide and examined with a microscope that had been setting on the sterilizer with a pus basin of hot water on the stage in

order to keep it warm. There were three amoeba in the first field examined. The amoeba were perfectly typical, the endosarc being finely granular and containing particles of digested food; there was a clear hyaline ectosarc; nuclei were not seen clearly. While watching these organisms he saw them push out slowly their pseudopodia and thus change their position and their shape. In some organisms there was a fairly rapid progress by means of pseudopods. After about five minutes, the slide cooling, movement would become slower, and finally the organism would become quiescent. Warming up the slide, or with a fresh specimen from the pan (which had been left sitting on the sterilizer) he could again see the typical amoeboidal movement. Saw no flagellates of any form.

Believes that a great many organisms identified as amoeba by their motion are really swollen epithelial cells rolling over in the field. In a cell almost spherical this sort of a motion will look as if pseudopods are forming, but by watching the position of the nucleus, which is eccentrically placed, the nucleus will prove to be alternately nearer one side of the cell than the other, which shows that instead of the protoplasm moving forward in the same plane it is rotating in the current. After a person has once seen the amoeba in a stool there is no reason for ever making a mistake, or, as Dr. W. H. Welch says, when there is any doubt as to whether or not you have an amoeba, you can generally rely upon it that you have an artefact.

For treatment the patient was put upon quinine irrigations starting 1 to 1000 and running up to 1 to 250. He personally gave the irrigations, three times a week, and the husband gave them twice a day, the woman being placed in the knee-chest position, and one quart of the solution passed in through a rectal tube. Of course 1 to 1000 quinine solution does not mean that one part of quinine is really in solution, quinine sulphate being soluble only, 1 part to 740 parts of water, at a temperature of 59° F., and 1 to 30 in boiling water. He used water as hot as the patient could stand, and the enemas were retained from 15 minutes to half hour, the patient remaining in the knee-chest position or on right side with hips elevated.

After two weeks of treatment the patient began to have formed stools. Then gave her one dose of ipecac, using salol coated pills; gave no solids

or milk after 3 P. M. At 9 P. M. gave 80 grs. of ipecac, but an ice bag on patient's abdomen and one on the throat; she rested quietly in bed until about 2 P. M., then for an hour the patient vomited continually. The next day some of the salol coated pills were passed undissolved. Evidently some of the pills had defective coatings and were dissolved in the stomach, while others were so heavily coated that they did not even dissolve in the intestine, or very slowly. One week later, put her on Lilly's alcrestia ipecac, 120 grs. per day, decreasing the dose 10 grs. per day over a period of a week. This preparation theoretically is an organic compound of aluminum salicylate and ipecac. It is stable in an acid medium, but breaks up in an alkaline. Hence passes through the stomach undisturbed, the ipecac not being freed until it reaches the duodenum.

Patient has had nothing but formed stools since the middle of September, is gaining in weight and apparently perfectly well. Advised her to take a course of ipecac treatment every two or three months as a precaution, for a disease which has been present over a period of five months most likely had encysted organisms well buried in the intestinal wall, and it might be possible for some to reach the surface and cause trouble afterwards.

Said the case was reported to emphasize the necessity of making all examinations for amoeba in stools freshly passed into a warm vessel and the preparations then examined on the warm stage of a microscope. In this case there had been a number of stool examinations made, but always on specimens that had stood at the house for five or six hours, hence as the organisms were not motile the diagnosis was overlooked. In some cases organisms will be motile at the end of two or three hours, but ordinarily the amoeba are very susceptible to cold and to the acid reaction of the stools, hence soon became unrecognizable.

Dr. Craige: In closing said the cercomonas would not cause dysentery, but would cause diarrhea, and there was a great difference between diarrhea and dysentery. In the first case the stool examination would often show in one field five or six cercomonas, and as there were this many in one field, there must have been great numbers in the entire intestine. If patient had been suffering from amoebic dysentery, the emetin would have had some effect.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, FEBRUARY, 1915.

THE ORGANIZATION OF THE STATE UNIVERSITY.

In accordance with the provisions of the charter passed by the last Legislature, the regents of the Maryland State University have had a number of meetings and have perfected the organization of the University. After carefully canvassing the situation, Hon. William Milnes Maloy, LL.B., LL.M., D.J., was elected provost and Hon. Lloyd Wilkinson secretary-treasurer. While this has the appearance of being a political combination, it is, in fact, nothing of the kind. Senator Maloy was not an applicant for the office and did not desire it, and he only consented to serve temporarily until the next meeting of the Legislature. As is so often the case with us, the State, while sanctioning the enterprise, did not provide sufficient funds to properly put it into effective organization, and it was impossible to secure a full-time provost with the means at our disposal. Senator Maloy, who was the father of the bill creating the University, accepted the office of provost, but declined to accept a salary. We believe the appointment to be a very judicious one at this period. The provost is not connected with any of the institutions forming the University, and consequently not likely to be biased in favor of one more than another. He is a lawyer by profession, and his legal acumen will be of marked advantage to the University in its formative stages.

Hon. Lloyd Wilkinson was elected secretary-treasurer, not to pay a political obligation, but because he was believed to be the best equipped person for the office at our call. He has been in political life many years in various capacities. He has been Speaker of the House of Delegates and chairman of the Ways and Means Committee, and has an accurate knowledge of the needs of the educational institutions of the State. He was also secretary of the Board of State Aid and Charities, and thus it became necessary for him to visit the schools and institutions in order to learn their methods and their necessities. We think he is an excellent man for the place at this time. The State University is now launched on a somewhat tempestuous and uncertain sea, and it will take a vigilant and skillful pilot to bring it into a safe harbor.

May this be the beginning of a new era in the educational system of the State.

THE PATHOLOGICAL ENDOWMENT FUND.

This fund is growing surely, but very slowly. In January contributions amounting to \$26 were received. A member of the class of 1911 sent \$1 and suggests that each member of the class do likewise. If each alumnus sent us \$1 a year it would amount to a substantial sum. If you cannot give more than \$1, do not hesitate to give that.

IF MOHAMMET CANNOT BRING THE MOUNTAIN TO HIM, MOHAMMET WILL GO TO THE MOUNTAIN.

For over two years Prof. Randolph Winslow has been diligently trying to collect an endowment fund for the Pathological Department of the University of Maryland. This has been entirely a labor of love on his part. In nowise will he participate in the financial returns. What has been the result of his efforts? He still finds the fund \$80,000 short of the goal he set out to reach. He realizes that times are hard, but talking hard times does not make them any better. The University must have that \$100,000. You can help. Send in a subscription. Although Mohammed has found out that he cannot bring the mountain

to him, he is not discouraged, but will go to the mountain, which in this case is the alumnus. He feels the graduate has not heretofore fully realized the dire necessity of this fund, so from now on will direct a personal campaign amongst those of the alumni who have not as yet contributed. Encourage his efforts with a subscription.

THE ENDOWMENT FUNDS.

According to the report of Mr. Charles Markell, Jr., treasurer of the trustees of the Endowment Fund, made on January 11, 1915, the Faculty of Physic Fund now amounts to \$21,852.92. This fund has been set aside as the pathological endowment fund, and all contributions that have been made to the pathological fund are included in the Faculty of Physic Fund. During the year 1914 this fund has increased \$1449.39, which, while not a large amount, is a long way better than nothing.

The General Endowment Fund is now \$9208.44, an increase of \$404.31 during the year.

The total funds in the hands of the trustees at this time amounts to \$48,578.18, an increase of \$2268.83 during the year, besides a life insurance policy for \$5000 not matured.

The fact stares us in the face that we must have a reasonable endowment. Who will help us to get it by giving personally, by influencing others to give and by constructive advice?

We need money for endowed chairs, for endowed scholarships, for new laboratories, for endowed beds in the hospitals and for equipment.

REPORT OF CHARLES MARKELL, TREASURER, ANNUAL MEETING, JANUARY 11, 1915.

GENERAL ENDOWMENT FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$1,304.13
Jan. 1, 1915—Interest Central Savings Bank..	46.81
Jan. 11, 1915—Interest on bonds to date.....	375.00
Total	\$1,725.94

Deduct:

June 19, 1914—Paid premium treasurer's bond.	\$12.50
June 19, 1914—Paid Colonial Trust Co. box rent.	5.00
	17.50

Jan. 11, 1915—Balance Central Savings Bank.. \$1,708.44

This fund consists of—

1— \$500 University of Maryland Regents 5% Bond.	\$500.00
1—\$1000 Georgia & Alabama 5% Bond.	1,000.00
1—\$1000 Georgia, Carolina & Northern 5% Bond.	1,000.00
1—\$1000 Omaha & Council Bluffs R. and B. 5% Bond.	1,000.00
2— \$500 City of Tacoma 5% Bond.	1,000.00
2—\$1000 St. Joseph Railway, Light, Heat and Power 5% Bonds.	2,000.00
1—\$1000 Edison Elec. Light Co. of Los Angeles 5% Bond.	1,000.00
Balance Central Savings Bank, Jan. 11, 1915..	1,708.44

\$9,208.44

FACULTY OF PHYSIC FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$2,839.03
Jan. 1, 1915—Interest Central Savings Bank..	114.19
Jan. 11, 1915—Subscriptions to date.	515.00
Jan. 11, 1915—Interest on bonds to date.	865.00
Jan. 1, 1915—Topeka Rys. Co. bond, called at 105 (less 30 cents express).	1,040.70
Oct. 1, 1914—Great Southern Equipment bond matured.	1,000.00

Jan. 11, 1915—Balance Central Savings Bank.. \$6,382.92

This fund consists of—

3— \$500 Newburg Light, Heat & Power Co. 5% Bonds.	\$1,500.00
1—\$1000 Georgia, Carolina & North. 5% Bond.	1,000.00
4— \$500 University of Maryland Regents 5% Bonds.	2,000.00
6— \$500 Faculty of Physic 5% Notes.	3,000.00
1—\$1000 Anne Arundel Co. 4% Bond.	1,000.00
1—\$1000 Public Service Corporation of N. J. 5% Bond.	1,000.00
1—\$1000 Minneapolis G. L. 1st Gen. Mortgage 5% Bond.	1,000.00
1—\$1000 Edison Elec. Co. of Los Angeles 5% Bond.	1,000.00
1—\$1000 Minneapolis G. L. S. Fund 5% Bond.	1,000.00
1—\$1000 Fairmont & Clarksburg Traction 5% Bond.	1,000.00
1—\$1000 Cons. Gas Co. 4½% Bond.	980.00
1—\$1000 Louisville Gas & Electric 6% Bond..	990.00
Balance Central Savings Bank, Jan. 11, 1915..	6,382.92

\$21,852.92

LEON FRANK FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$100.82
Jan. 1, 1915—Interest Central Savings Bank..	1.69
Jan. 11, 1915—Interest on bonds to date.	125.00

\$227.51

Deduct:

June 19, 1914—Paid for scholarship.	125.00
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Jan. 11, 1915—Balance Central Savings Bank.. \$102.51

This fund consists of—

1— \$500 Newburg L. H. & P. 5% Bond.	\$500.00
1—\$1000 St. Joseph R. L. H. & P. 5% Bond..	1,000.00
1—\$1000 Omaha & Council Bluffs R. & B. 5% Bond.	1,000.00
Balance Central Savings Bank, Jan. 11, 1915..	102.51

\$2,602.51

J. C. HEMMETER FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$947.31
Jan. 1, 1915—Interest Central Savings Bank..	34.74
Jan. 11, 1915—Interest on bonds and note to date.....	175.00

Jan. 11, 1915—Balance Central Savings Bank..	\$1,157.05
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This fund consists of—

1—\$1000 Chicago Ry. 5% Bond.....	\$1,000.00
1—\$1000 Chicago City Ry. 5% Bond.....	1,000.00
1—\$500 Faculty of Physic 5% Note.....	500.00
1—\$1000 Minneapolis S. Ry. & S. P. C. R. 5% Bond.....	1,000.00
Balance Central Savings Bank, Jan. 11, 1915..	1,157.05
\$5000 Life Insurance Policy.....	

Total.....	\$4,657.05
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CHARLES FRICK RESEARCH FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$698.60
Jan. 1, 1915—Interest Central Savings Bank..	24.32

Jan. 11, 1915—Balance Central Savings Bank..	\$722.92
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LAW FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$130.03
Jan. 1, 1915—Interest Central Savings Bank..	4.55

Jan. 11, 1915—Balance Central Savings Bank..	\$134.58
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CHARLES M. HITCHCOCK FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$179.32
Jan. 1, 1915—Interest Central Savings Bank..	3.56
Jan. 11, 1915—Interest on bonds to date.....	250.00

\$432.88

Deduct:

June 19, 1914—Paid for scholarships.....	\$250.00
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Jan. 11, 1915—Balance Central Savings Bank..	\$182.88
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This fund consists of—

10—\$500 University of Maryland Regents 5% Bonds.....	\$5,000.00
Balance Central Savings Bank, Jan. 11, 1915..	182.88

\$5,182.88

CATHERINE GIBSON FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$559.09
Jan. 1, 1915—Interest Central Savings Bank..	19.85
Jan. 11, 1915—Interest on bonds to date.....	50.00

Jan. 11, 1915—Balance Central Savings Bank..	\$628.94
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This fund consists of—

2—\$500 University of Maryland Regents 5% Bonds.....	\$1,000.00
Balance Central Savings Bank, Jan. 11, 1915..	628.94

\$1,628.94

RANDOLPH WINSLOW FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$64.72
Jan. 1, 1915—Interest Central Savings Bank..	.85
Jan. 11, 1915—Interest on bonds to date.....	125.00

\$190.57

Deduct:

June 19, 1914—Paid for scholarship.....	125.00
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Jan. 11, 1915—Balance Central Savings Bank..	\$65.57
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This fund consists of—

4—\$500 University of Maryland Regents 5% Bonds.....	\$2,000.00
1—\$500 Faculty of Physic 5% Note.....	500.00
Balance Central Savings Bank, Jan. 11, 1915..	65.57

\$2,565.57

PHARMACY FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$16.70
Jan. 1, 1915—Interest Central Savings Bank..	.51

Jan. 11, 1915—Balance Central Savings Bank..	\$17.21
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DENTAL FUND.

Jan. 12, 1914—Balance Central Savings Bank..	\$5.00
Jan. 1, 1915—Interest Central Savings Bank..	.16

Jan. 11, 1915—Balance Central Savings Bank..	\$5.16
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TOTAL PAR OR BOOK VALUE OF ALL FUNDS.

General Endowment Fund.....	\$9,208.44
Faculty of Physic Fund.....	21,852.92
Leon Frank Fund.....	2,602.51
J. C. Hemmeter Fund.....	4,657.05
Charles Frick Research Fund.....	722.92
Law Fund.....	134.58
Charles M. Hitchcock Fund.....	5,182.88
Catherine Gibson Fund.....	1,628.94
Randolph Winslow Fund.....	2,565.57
Pharmacy Fund.....	17.21
Dental Fund.....	5.16

Total.....\$48,578.18

ITEMS

A few years ago Dr. W. P. E. Wyse, class of 1886, realizing the unusual number of nervous and mental complications that necessitate the patient's removal to an institution suitable to such cases, upon the suggestion of some of his doctor friends, opened a country home conveniently located from the center of the city, where a limited number of selected cases live as in a private family, engage in walks, outdoor sports during the day, and music, games, etc., during the evening. Polite and efficient companion nurses in attendance do away with the necessity for rigid restrictions, and everything is done to promote the rapid restoration of the patients. Each patient is either looked after personally by Dr. Wyse, aided by the advice and assistance of Dr. Charles G. Hill, professor of psychiatry at the University of Maryland, or if the family physician prefers he can personally direct the treatment of the patient. The sanitarium also takes convalescents who need a sojourn in a quiet, restful country place. Deer Park Sanitarium is situated on Smith's avenue and Seven-Mile lane, Pikesville, Md., about three-quarters of a mile from Park Heights avenue. It is a quiet country retreat, conducted as little like an institution and as much like a pri-

vate home as possible. It is in the center of an estate of 166 acres, in one of the most beautiful suburban sections of Baltimore, near the celebrated Green Spring Valley. It is over 500 feet above sea level. In fact, it is just the place the weary, overwrought body needs to woo back its lost vitality.

At the annual meeting of the Kent County Medical Society of Rhode Island, held in December, Dr. Benjamin F. Tefft, Jr., class of 1905, was unanimously elected president for the year 1915. We desire to extend our congratulations to Dr. Tefft. He is located at Anthony, R. I.

In giving a list in last month's issue of our alumni located in Florida we omitted the name of Dr. Norman McLeod Heggie, class of 1902. Dr. Heggie is located at 711 Laura street, Jacksonville, Fla., and has offices in the Buckman Building, Hogan and Forsyth streets. This was an oversight on our part, and we trust Dr. Heggie will pardon us.

The following of our alumni, all members of the class of 1914, passed the December State Board and were licensed to practice medicine and surgery in Maryland: William B. Blanchard, Wilford A. H. Councill, Cranford H. Douthirt, James Earle Dull, John S. Fenby, Harry C. Grant, Fuller Nance, Nicholas William Pinto, Vernon S. Wilkinson and Austin H. Wood.

Dr. Herbert A. Codington, class of 1911, Assistant Resident Surgeon at the University Hospital, is convalescing from an operation.

Dr. and Mrs. Hugh Warren Brent, whose marriage took place at the home of the bride's mother, 1506 Eutaw Place, on the 16th of December, have returned from their honeymoon, which was spent in the South, and are established for the winter at 2124 Maryland avenue.

At the request of Governor Manning, Dr. Arthur P. Herring, B. M. C., class of 1896, secretary of the State Lunacy Commission, is making an investigation regarding the care and treatment

of the dependent insane throughout the State of South Carolina. Dr. Herring will report suggestions and recommendations for the better care and treatment of this class of dependents to the Governor, with a view to reorganizing the present system.

The University of Maryland record at the December, 1914, State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1.....	1914	68	89	69	90	65	63	86	78	84	697	77
8.....	1914	75	..	84	88	..	97	..	..	88	...	..
11.....	1914	81	92	85	95	81	95	86	88	75	778	86
13.....	1914	87	91	80	89	75	94	84	70	80	750	83
17.....	1914	66	98	89	82	75	80	82	85	83	740	82
18.....	1914	78	94	81	93	87	100	75	76	86	770	86
26.....	1914	83	91	84	97	75	100	87	79	80	776	86
32.....	1914	65	97	87	92	81	76	57	77	44	676	75
33.....	1914	Failed to appear.										
37.....	1914	75	..	..	..	..	..	79	79	87	...	..
40.....	1914	75	..	..	..	..	75	75	..	81	...	..
41.....	1914	82	89	85	68	76	84	82	85	85	736	82

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

The annual banquet of the General Alumni Association, also that of the Pennsylvania Branch, will be held at the Hotel Rennert, Baltimore, Saturday, February 20, 1915, at 6.30 P. M. Tickets can be obtained from John Henry Skeen, LL. B., 922 Equitable Building, Baltimore, by remitting \$2.50.

The following is a list of our alumni located in Pennsylvania, which is published by request:

- Tempest C. Miller, 1889, Abbottstown.
 Franklin B. Lauderbaugh, 1883, Addison.
 James Earle Quigley, 1911, Adrian.
 Oliver C. Engle, 1887, Aliquippa.
 John D. Stevenson, B. M. C., 1905, Aliquippa.
 Geo. Harris Boyer, 1902, Allentown.
 Francis P. Ritter, 1881, Allentown.
 Jesse Grim Kistler, B. M. C., 1888, Allentown.
 Thos. M. Morrow, B. M. C., 1898, 938 17th street, Altoona.
 Frank Patterson, B. M. C., 1902, Logan House, Altoona.
 Harry S. Shimer, 1910, Alum Bank.
 Walter C. Arthur, 1897, Ambridge.
 Albert N. Mellott, B. M. C., 1909, Ambridge.
 Geo. M. Krumbine, B. M. C., 1900, Ashville.
 Alfred G. Coughlin, B. M. C., 1905, Athens.
 Simon D. Shive, B. M. C., 1882, Bannerville (R. F. D., McClure).
 Thos. A. Carroll, B. M. C., 1904, Belfast.
 Lou Murray Mitchell, 1906, Belle Vernon.
 Edgar H. Sloan, B. M. C., 1898, Ben Avon, R. F. D., Pittsburgh.
 Wm. P. Shaw, 1893, Berlin.
 Geo. W. Fahrenbach, B. M. C., 1900, Bernville.
 Chas. E. Schlappich, B. M. C., 1908, Bernville.
 Chas. F. Livengood, B. M. C., 1896, Boswell.
 Milton U. McIntire, B. M. C., 1907, Boswell.
 John A. Long, B. M. C., 1893, Bowmansville.
 Wm. Thos. Morgan, 1884, 713 Braddock avenue, Braddock.
 Howard A. Long, B. M. C., 1893, Brickerville.
 Harry Benj. Messmore, 1910, Brownsville.
 Malcom S. Councill, 1896, Bryn Mawr.
 Thos. H. Smith, B. M. C., 1897, Burnham.
 Elgie L. Wasson, B.M.C., 1898, Butler.
 Eugene C. Wasson, B. M. C., 1905, Cambridge Springs.
 Alpheus E. Dann, 1904, Canton.
 Ellsworth F. Arble, B. M. C., 1894, Carrolltown.
 Richard E. Poole, 1892, Castle Shannon.
 Guy P. Asper, 1903, Chambersburg.
 Benj. F. Myers, B. M. C., 1892, Chambersburg.
 Fairfax G. Wright, 1903, Chambersburg.
 David C. Posey, B. M. C., 1908, Chanceford.
 Jos. C. Enos, 1904, Charleroi.
 James F. Might, 1910, Charleroi.
 James H. Peterman, B. M. C., 1895, Cherry Tree.
 Harry C. Donahoo, 1903, Chester.
 Geo. McVey Beatly, B. M. C., 1902, Chicora.
 Jno. R. S. Martin, 1904, Christiana.
 John C. Cort, 1885, Clairton.
 Frank C. Willard, B. M. C., 1904, Clarendon.
 F. S. Nevling, B. M. C., 1883, Clearfield.
 John M. Quigley, B. M. C., 1898, Clearfield.
 Benj. F. Hunt, B. M. C., 1897, Clearville.
 Clarence E. Imbrie, B. M. C., 1904, Clintonville.
 John R. Brodbeck, 1879, Cordorus.
 S. C. Wilson, B. M. C., 1908, Collamer.
 Herbert P. Meyers, 1903, Confluence.
 Henry H. McIntire, B. M. C., 1907, Connells-ville.
 J. Clarence Frye, B. M. C., 1911, Crenshaw.
 Aaron C. Coble, 1885, Dauphin.
 Jesse F. Cogan, B. M. C., 1892, Dawson.
 Charles R. Stevenson, 1897, De Lancey.
 Geo. W. Carter, 1878, Delta.
 James J. O'Connor, B. M. C., 1907, Dickson City.
 E. Earl Houck, B. M. C., 1906, 117 S. Stockdale street, Dubois.
 Wm. C. Hocking, 1890, 41 W. 1st street, Duquesne.
 Albert J. Backer, B. M. C., 1895, Duryea.
 Edward P. Warren, 1868, East Berlin.
 Edward G. Bray, B. M. C., 1904, East Mauch Chunk.
 N. Allan Overmiller, B. M. C., 1895, East Prospect.
 George S. Travis, B. M. C., 1896, East Stroudsburg.
 Harry J. Bennett, B. M. C., 1906, Ebensburg.
 Vivian P. Edwards, B. M. C., 1909, Edwardsville (Kingston P. O.).
 Jos. A. M. Smurl, B. M. C., 1896, Edwardsville (Kingston P. O.).
 Henry D. Leh, 1884, Egypt.
 Edward C. Straessley, 1912, Elbon.
 Jesse W. Campbell, B. M. C., 1909, Elderton.
 D. W. Schaffner, 1887, Enhaut.
 Elmare R. Miller, 1892, Ephrata.
 Henry A. Lakin, 1903, 714 W. 8th street, Erie.
 Malcolm J. McCallum, B. M. C., 1901, 133 W. 9th street, Erie.
 Wm. H. Raueche, B. M. C., 1895, 226 W. 8th street, Erie.
 Geo. M. Studebaker, B. M. C., 1896, 426 E. 10th street, Erie.

- Chas. L. Dries, 1911, Eshbach (R. F. D. Bechtelsville).
- Harry M. Wilson, 1889, Evans City.
- Milton A. Noon, B. M. C., 1897, Everson.
- Chas. J. Pflueger, B. M. C., 1895, Fairchance.
- Wm. G. Berryhill, B. M. C., 1895, Farrell.
- John A. Hawkins, 1852, Fawn Grove.
- Vallandigham Hawkins, B. M. C., 1894, Fawn Grove.
- Wm. E. Lloyd, Jr., B. M. C., 1894, Forest City.
- Thomas A. Kurr, B. M. C., 1902, Fredericksburg.
- Harry H. Stewart, B. M. C., 1907, Friedensburg.
- George L. Brown, B. M. C., 1894, Fort Hunter.
- Harry M. Howland, B. M. C., 1903, Gaines.
- Richard T. Pollard, B. M. C., 1891, Garrett.
- Harry D. Hart, B. M. C., 1893, Quenese.
- Harry M. Hartman, B. M. C., 1902, Gettysburg.
- Walter Henry O'Neal, 1871, Gettysburg.
- Robt. E. Thomas, B. M. C., 1913, Glen Campbell.
- Franklin A. Bushey, 1861, Greencastle.
- Charles C. Crownshare, 1905, Greensburg.
- John Walker Fairing, B. M. C., 1898, 234 N. Main street, Greensburg.
- James H. Fiscus, 1910, Foster and Sidney streets, Greensburg.
- Lemuel Offutt, 1876, 302 N. Otterman street, Greensburg.
- A. Seanar Keeple, 1909, Hannastown.
- Oliver T. Everhart, 1856, Hanover.
- Chas. A. Keagy, B. M. C., 1902, Hanover.
- Roswell J. Russell, 1882, Hanover.
- H. Hewitt Hooven, 1892, Hartford.
- J. Calvin Cummings, 1884, 138 S. 13th street, Harrisburg.
- Claude J. B. Flowers, 1907, 1609 Market street, Harrisburg.
- Franklin H. Garveich, 1888, 1805 State street, Harrisburg.
- Jesse L. Lenker, B. M. C., 1907, 402 N. 2d street, Harrisburg.
- Harvey A. Stine, B. M. C., 1912, 16th and Berryhill streets, Harrisburg.
- Hyman R. Wiender, 1912, 306 N. 2d street, Harrisburg.
- Wm. E. Wright, 1888, 206 State street, Harrisburg.
- Willard B. Campbell, B. M. C., 1897, Harrisville.
- Robt. G. Gamble, 1884, Haverford.
- Geo. A. Zimmerman, B. M. C., 1910, 15th and Walnut streets, Harrisburg.
- Fredk. A. Lobb, B. M. C., 1910, Hawley.
- Abram M. Miller, B. M. C., 1905, Hyndman.
- David T. Rees, B. M. C., 1896, Hyndman.
- Chas. Elmer Rink, B. M. C., 1904, Indiana.
- Wm. F. Weitzel, B. M. C., 1903, Indiana.
- James D. Hoffman, B. M. C., 1905, Jackson Center.
- Scott J. Titus, B. M. C., 1908, Jefferson.
- Chas. I. Shaffer, B. M. C., 1907, Jenners.
- Wm. W. Keim, B. M. C., 1905, Jerome.
- Jacob Alvin Comerer, B. M. C., 1897, Johnstown.
- Chas. Cleaveland Custer, B. M. C., 1909, Johnstown.
- Wm. Scott Griffith, B. M. C., 1898, Johnstown.
- Edward Louis Miller, 1884, Johnstown.
- Harry G. Nickel, B. M. C., 1898, Johnstown.
- Ira E. Sloan, B. M. C., 1892, Johnstown.
- Wm. Murdock Riley, B. M. C., 1913, Kennett Square.
- Henry W. Saul, B. M. C., 1894, Kutztown.
- Geo. B. Kirk, B. M. C., 1898, Kylertown.
- Robt. M. Bolenius, 1873, 48 S. Queen street, Lancaster.
- Wm. Bernhart Hamaker, B. M. C., 1905, 137 N. Duke street, Lancaster.
- John W. Kinnard, 1882, 129 N. Duke street, Lancaster.
- Wm. J. Steward, 1904, 234 N. Duke street, Lancaster.
- John Trout Herr, 1910, Landisville.
- P. S. Pile, B. M. C., 1905, Latrobe.
- Guy L. Zimmerman, B. M. C., 1906, Lemasters.
- Benj. F. Good, B. M. C., 1900, Letort (R. F. D. Lancaster).
- Homer S. C. Hetrick, B. M. C., 1906, Lewisberry.
- John H. Myers, B. M. C., 1883, Lewistown (R. F. D.).
- Geo. C. Kinnard, 1885, Lincoln.
- Harry E. Gettier, B. M. C., 1897, Little Cooley (R. F. D. Centerville).
- Wm. J. Shoemaker, 1882, Lock Haven.
- Wm. T. Morrow, B. M. C., 1908, Loysville.
- B. J. Reasor, 1909, Martins Creek.

Geo. Washington Gault, B. M. C., 1910, Marysville.

A. Edgar Tussey, 1883, McConnellstown.

James G. Allison, B. M. C., 1895, McGrann.

Frank John, B. M. C., 1894, 313 Olive street, McKeesport.

Henry Schlesinger, B. M. C., 1913, McKees Rocks.

Virgil H. Lilly, 1869, McSherrytown.

J. Russell Mosier, 1883, Meadville.

B. E. Nevin, 1894, Mercersburg.

Robt. Bently Varden, 1882, Mercersburg.

Asa Lee Hickok, B. M. C., 1903, Meshoppen.

Wm. Thos. Rowe, 1895, Meyersdale.

Maurice Isaac Stein, 1909, Millerstown.

Thos. F. A. Stevens, 1912, State Sanatorium, Mont Alto.

James A. Hughes, 1909, Mt. Carmel.

Jos. E. Ratajski, B. M. C., 1909, 16 E. 2d street, Mt. Carmel.

Winfield M. Thome, B. M. C., 1906, Mt. Jewett.

John Henry Blecker, 1893, Meyerstown.

Dennis E. Fisher, B. M. C., 1883, Needmore.

Chas. B. Hunt, B. M. C., 1891, 473 E. Washington street, Newcastle.

Albert S. Kaufman, B. M. C., 1893, New Kensington.

David O. Thomas, B. M. C., 1905, New Kensington.

John W. Porter, 1895, New Park.

W. Henry Smithison, 1905, New Park.

Albert L. Keim, B. M. C., 1913, New Stanton.

Geo. Albert Parker, Jr., 1910, Newtown.

Remo Fabri, B. M. C., 1909, 354 E. Main street, Norristown.

Harry E. Podall, B. M. C., 1908, State Hospital for Insane, Norristown.

Wm. Henry Conway, B. M. C., 1905, Olyphant.

Rossiter J. Lloyd, B. M. C., 1897, Olyphant.

John J. Price, B. M. C., 1896, Olyphant.

Wm. Thomas Rance, 1881, Orangeville.

John A. Murray, 1885, Patton.

Ambrose H. Stubbs, B. M. C., 1896, Peach Bottom.

A. C. Abbott, 1884, 4229 Baltimore avenue, Philadelphia.

Lewis H. Adler, 1859, 316 S. Broad street, Philadelphia.

Edward Baum, B. M. C., 1895, 1530 Chestnut street, Philadelphia.

C. A. Bicking, B. M. C., 1913, Frankfort Hospital, Philadelphia.

James E. Clawson, 1855, 1707 W. Norris street, Philadelphia.

Thos. De O. Gilchrist, 1909, 1511 Greene street, Philadelphia.

C. W. Judd, 1913, 4413 Richmond street, Philadelphia.

Wm. Matthews, 1897, 728 Lehigh avenue, Philadelphia.

Chas. Percy Noble, 1884, 1510 Walnut avenue, Philadelphia.

Harry Herman Rich, 1912, Philadelphia.

Geo. Rosenbaum, B. M. C., 1905, 1900 N. 32d street, Philadelphia.

Thos. J. Russell, Jr., 1910, 1541 N. 55th street, Philadelphia.

Abraham Silverman, B. M. C., 1907, 930 N. 11th street, Philadelphia.

Henry O. Sloane, B. M. C., 1908, 1737 N. Franklin street, Philadelphia.

Jos. Stamel, 1911, 2332 S. Franklin street, Philadelphia.

James J. Sweeney, B. M. C., 1902, 4121 N. Broad street, Philadelphia.

Benj. Ulanski, B. M. C., 1908, 4430 Wayne avenue, Philadelphia.

Geo. H. West, 1889, 803 S. 49th street, Philadelphia.

Geo. Lewis Williams, B. M. C., 1910, 5545 Sprague avenue, Philadelphia.

Morris Winheld, B. M. C., 1904, 970 N. 5th street, Philadelphia.

Morris L. Yubas, B. M. C., 1909, 539 N. 13th street, Philadelphia.

Evan L. Jones, B. M. C., 1898, Philipsburg.

Frank D. Emack, 1875, Phoenixville.

Chas. A. Arnold, B. M. C., 1902, 156 McClure avenue, Pittsburgh.

Geo. R. Baelith, B. M. C., 1906, 1015 Wylie avenue, Pittsburgh.

Marcus E. Baldwin, B. M. C., 1900, Keenan Bldg., Pittsburgh.

Silas S. Brown, B. M. C., 1893, 2533 Perryville avenue, Pittsburgh.

Harry Moore Felton, 1905, 109 Climax street, Pittsburgh.

J. Edw. Gross, 1907, 5125 Liberty avenue, Pittsburgh.

James P. Kerr, 1888, 1908 Carson street, Pittsburgh.

J. J. Kvatsak, B. M. C., 1910, 31 McClure avenue, Pittsburgh.

Francis Victor Laurent, B. M. C., 1908, Jenkins Bldg., Pittsburgh.

Heni Edwin Lutz, B. M. C., 1893, 1415 Superior avenue, Pittsburgh.

Thos. J. McGee, 1880, Lowrie and Ley streets, Pittsburgh.

Grant M. McHugh, B. M. C., 1898, 420 Third avenue, Pittsburgh.

James Patterson, B. M. C., 1898, 5826 Darlington road, Pittsburgh.

Robt. M. Sands, 1883, 4300 Butler street, Pittsburgh.

Wm. W. Sirak, 1913, Montefiore Hospital, Pittsburgh.

Sidney G. White, B. M. C., 1893, 344 Shetland avenue, Pittsburgh.

Jos. E. Willetts, 1881, Westinghouse Building, Pittsburgh.

Valentine J. Yorty, B. M. C., 1906, 7300 Monticello avenue, Pittsburgh.

Thos. F. Flemming, B. M. C., 1901, 1210 Wyoming avenue, Pittston.

Herbert Leroy Ransom, 1910, 450 N. Main street, Pittston.

Peter K. Yost, 1868, 32 George street, Pittston.

Geo. Millward Brewer, 1910, Plumsteadville.

Lowry N. Burchinal, 1886, Point Marion.

James E. Dwyer, 1905, Polk.

Jesse Cunningham Stilley, 1912, Portland Mills.

Elmer A. Kell, B. M. C., 1900, 223 King street, Pottstown.

Clinton M. Young, B. M. C., 1906, Queen Junction.

Marriss L. Cahn, 1910, 551 N. 11th street, Reading.

Geo. Ray Curry, B. M. C., 1906, 415 Walnut street, Reading.

Lloyd H. Teick, B. M. C., 1902, 807 N. 10th street, Reading.

John H. Orff, B. M. C., 1904, 1556 Mineral Springs road, Reading.

Daniel E. Remsberg, 1905, 115 Windsor street, Reading.

Edwin D. Schaeffer, B. M. C., 1893, 317 S. 6th street, Reading.

Albert N. Seidel, B. M. C., 1891, 824 N. 10th street, Reading.

Edwin Y. Seyler, B. M. C., 1903, 1127 Greenwich street, Reading.

Irvin W. Shallenberger, B. M. C., 1901, 1302 N. 10th street, Reading.

Wm. C. Werts, B. M. C., 1904, 353 Schuylkill avenue, Reading.

Harry B. McGarrah, B. M. C., 1903, Roberts-dale.

Geo. F. Speicher, B. M. C., 1910, Rockwood.

Granville M. Brubaker, B. M. C., 1904, Roxbury.

John C. Lee, B. M. C., 1907, Rummerfield.

Samuel E. Ambrose, B. M. C., 1898, Rural Valley.

Chas. H. Vermilyea, B. M. C., 1897, Russell.

Byron H. Jackson, B. M. C., 1898, Scranton.

Louis W. Kohn, 1910, 429 Wyoming avenue, Scranton.

Albert A. Lindabury, B. M. C., 1886, 410 Spruce street, Scranton.

Arthur A. Reynolds, B. M. C., 1900, 1519 Jackson street, Scranton.

John Szlupas, 1891, 1419 N. Main avenue, Scranton.

Samuel H. Voorhees, 1889, 1521 Pine street, Scranton.

Patrick H. Walker, B. M. C., 1904, 509 Luzerne street, Scranton.

Anthony T. Walsh, B. M. C., 1902, 306 Pittston avenue, Scranton.

Chas. J. Wivell, B. M. C., 1901, 1414 Jackson street, Scranton.

John W. Monjar, B. M. C., 1909, Seneca.

Geo. M. Fickes, 1885, Seven Valleys.

Geo. W. Kennedy, B. M. C., 1897, Sharon.

Augustus M. O'Brien, B. M. C., 1900, Sharon.

Harry White, B. M. C., 1912, Sharon.

Stanley W. Blazigewski, B. M. C., 1907, Shenandoah.

Stephen S. Spalding, 1870, Shenandoah.

Harry B. Schaeffer, 1911, Shillington.

John Bruce McCreary, 1892, Shippensburg.

Jacob L. Schoch, 1870, Shippensburg.

Milton C. Dunnick, B. M. C., 1905, Shrewsbury.

Elbridge H. Gerry, 1867, Shrewsbury.

Charles B. Korns, B. M. C., 1909, Sipesville.

Thos. Duff, 1911, Slippery Rocks.

Elmer F. Frasher, 1887, Smicksburg.

Walter T. Messmore, 1901, Smithfield.

Irving D. Haverly, B. M. C., 1903, South Gibson.

LaVerne D. Paige, B. M. C., 1898, Spring Creek.

George M. Bahn, 1881, Spring Grove.

Wm. Paul Dailey, B. M. C., 1906, Steelton.

D. O. Todd, B. M. C., 1896, Stewart's Station.
 Jos. Nelson Dunnick, B. M. C., 1899, Stewartstown.
 Chas. D. Gruver, 1902, Stroudsburg.
 Wilmer M. Priest, 1909, Sunbury.
 Ellis A. Smith, B. M. C., 1891, Sunbury.
 Geo. B. Hennigh, B. M. C., 1891, Sykesville.
 J. A. Weamer, B. M. C., 1896, Tarentum.
 Edward J. Murray, B. M. C., 1910, Throop.
 George S. Coudit, 1910, Tidioute.
 Joseph C. Wilson, 1884, Titusville.
 Boyd E. Wilkinson, B. M. C., 1905, Tremont.
 John W. Phillips, B. M. C., 1896, Troy.
 James W. Parshall, 1887, Uniontown.
 G. T. McGuire, B. M. C., 1898, Vandling.
 John P. LaBarre, 1901, Waltersbury.
 David A. Hart, B. M. C., 1903, Wapwallopen.
 Albert J. Remsburg, 1874, Warfordsbury.
 Wm. Patrick Clancy, B. M. C., 1910, Warren.
 Homer S. Clark, 1885, Washington.
 Aaron B. Sollenberger, B. M. C., 1898, Waynesboro.
 H. B. Hetrick, 1888, Wellsville.
 Elmer C. Bruck, B. M. C., 1891, West Bethlehem.
 Arthur M. Greenfield, B. M. C., 1898, Westfield.
 Wm. G. Morrow, B. M. C., 1896, West Hickory.
 Geo. B. Marshall, B. M. C., 1911, West Leisenring.
 Edward B. Gavitte, B. M. C., 1897, White Mills.
 John L. Batterson, B. M. C., 1893, Wilkes-Barre.
 Alfred E. Foster, B. M. C., 1910, Wilkes-Barre.
 A. Frank Lampman, B. M. C., 1894, Wilkes-Barre.
 Parke C. Sickler, B. M. C., 1900, Wilkes-Barre.
 John C. Lemmer, 1885, Wilkesburg.
 Louie E. Langley, 1910, Williamsport.
 Ross Rowman, B. M. C., 1903, Wilmerding.
 Walter P. Thorp, B. M. C., 1905, Winburne.
 Orlando J. Shank, B. M. C., 1896, Windber.
 Ross B. Cobb, 1913, Wissinoming.
 Olen J. Stevenson, B. M. C., 1906, Woodlawn.
 Herman H. Farkas, B. M. C., 1911, York.
 Geo. B. M. Free, 1883, York.
 John F. Klinedinst, 1889, York.
 Zachariah C. Myers, 1881, York.

Samuel K. Pfoltzgroff, 1886, York.
 Benjamin F. Posey, B. M. C., 1897, York.
 Niles H. Shearer, 1866, York.
 Philip J. Spaeder, B. M. C., 1907, York.
 Charles H. Venus, B. M. C., 1902, York.
 Henry A. Ziegler, 1870, York.
 Charles L. Myers, 1888, York Springs.
 Walter H. Brown, 1889, Youngwood.

At the December, 1914, meeting of the Madison County Medical Society, Illinois, Dr. Lay G. Burroughs, class of 1906, was elected its president.

Dr. Burroughs was born on a farm in Charles county, Maryland, September 19, 1880, and is the youngest man ever elected to the presidency of the Madison County Medical Society. His preliminary education was obtained in the country schools of his neighborhood and in Washington College, which he attended for three years. He then taught in the public schools of his district for two years, and in the fall of 1902 he began the study of medicine at the University of Maryland, Baltimore, from which University he received his degree in June, 1906, and successfully passed the Maryland State Board in the same month. He later went West and located in Collinsville in September, 1906, and by close application and devotion to his profession soon built up a successful practice, warranting the confidence of the community that he enjoys to a marked degree.

On January 15, 1908, he was married to Miss Essie Raymond, of Collinsville, a lady of superior attainments and a leader in all the social and club life of the city. They are both members of Christ Episcopal Church and are interested in all its activities.

Dr. Burroughs is eminently an organization man and for the last two years has represented the society of which he is now president on the floor of the House of Delegates, taking an intelligent interest in all its proceedings and never missing a session. In recognition of his enthusiastic support of the society, he was elected to the presidency on December 4, 1914, and his friends predict for him a successful administration.

Dr. Joseph F. Munnerlyn, class of 1914, has resigned as assistant resident obstetrician to the University Hospital and returned to his home in Chaffee, South Carolina.

BIRTHS

Recently to Dr. William E. McClanahan, class of 1902, and Mrs. McClanahan, of 1619 South Clinton street, Baltimore, a daughter—Marjorie Mercedes.

To Dr. Roscoe D. McMillan, class of 1910, and Mrs. McMillan, of Red Springs, N. C., December 20, 1914, a son—Franklin Ellison. Mrs. McMillan was before her marriage Miss Gertrude A. Garrison, University Hospital Training School for Nurses, class of 1910.

MARRIAGES

Samuel W. Moore, D. D. S., 1904, to Miss Margaret E. Lawrence, University Hospital Training School for Nurses, class of 1906, both of Baltimore, Md., at Baltimore, January 23, 1915. Dr. Moore is the official anesthetist to the University Hospital. They will reside at 1701 Guilford avenue.

Dr. Thomas Brooks, class of 1910, to Miss Dolores Maria Mason, both of Santiago, Cuba, at Santiago, December 9, 1914.

Salvatore Scimeca, medical student, 1915, of Palermo, Italy, to Miss Elsie Roof, dental student, 1915, of Bremen, Germany, at Baltimore, January 6, 1915. Both the medical student and his bride have been in this country several years and both have nearly completed their courses at the University.

Vera Wright, R. N., University Hospital Training School for Nurses, class of 1909, was married to Dr. Wilbur Scott, class of 1912, and formerly a popular member of the resident staff of the University Hospital, at Easton, Md., Wednesday, January 20, 1915. Dr. and Mrs. Scott will make their home in Devereaux, Georgia.

DEATHS

Dr. A. Trego Shertzer, class of 1869, of 25 West Preston street, died at his home from heart disease, January 22, 1915, aged 71 years.

Dr. Shertzer had been in medical practice in Baltimore for nearly 50 years. He was a gradu-

ate of the class of 1869 of the University of Maryland, having been a student under the late Dr. Nathan R. Smith.

He was given the Iron Cross of Prussia for his services in the field hospital in the Prussian War of 1870-1871, and also received a gold medal from the Hospital Commission of the German Empire, as well as a silver medal from the Prussian Government.

Previous to entering the German-Franco conflict Dr. Shertzer had been in the Union service in the Civil War, being assigned to the United States steamer Mary Sanford, of the South Atlantic blockading squadron. His detail was as surgeon apothecary, he having studied pharmacy at the University of Pennsylvania under Dr. Leroy Hodges.

Dr. Shertzer was a native of Lancaster, Pa., where his people lived for three generations before him. He received his preliminary education at Grinton Academy, Baltimore county, and at Belair Academy, Harford county.

His widow, Mrs. Sarah C. Bradbury Shertzer, two children, Carroll B. Shertzer, New York, and Mrs. Carl C. Austin, Philadelphia, and two sisters, Mrs. Augustus Hartman, of Liberty Heights, and Mrs. Hannah Ohme, of Harford county, survive.

Dr. William G. Wilson, class of 1852, of Shelbyville, Ill., died at his home, January 16, 1915, aged 87 years.

Dr. Wilson was born near Emmorton, Md., and was the oldest son of the late Dr. Joshua and Rebecca Lee Wilson. He made his home at Shelbyville since shortly before the war, being engaged in the practice of his profession until a few years ago. He is survived by two daughters, a son and two grandchildren.

Dr. Edward W. Myers, class of 1862, a pioneer practitioner of Leavenworth, Kan., died at his home in Kansas City, Mo., December 14, 1914, aged 77 years.

Dr. Henry Walton Wood, class of 1902, of Boston and New Bedford, Mass.; a Fellow of the American Medical Association and a specialist in mental diseases, died in the Jefferson Hospital, Philadelphia, January 12, 1915, aged 35 years.

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OF THE

UNIVERSITY OF MARYLAND

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FEBRUARY 15, 1914—FEBRUARY 15, 1915

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